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**WO 03/035688 A2**

(54) Title: **TARGETED THROMBOSIS**

(57) Abstract: The invention provided compositions and methods to initiate site-specific thrombosis in tumor vasculature. The invention particularly provides Selective Tissue Vascular Thrombogens (STVTs) that can targeted thrombosis, infarction and destruction of selected tissues, for example, tumors. The present invention also provides methods for using the disclosed compositions and methods to treat tumors.

**Targeted Thrombosis**

The present invention relates to the fields of blood coagulation, thrombosis, tumor angiogenesis, and cancer therapy. The present invention provides various compositions, combinations, methods to treat solid tumors by inducing site-selective thrombosis in tumor blood vessels, and uses of Selective Tissue Vascular Thrombogen for the manufacture of a medicament for treating a solid tumor.

**BACKGROUND OF THE INVENTION**

Although many advances in cancer therapy have been made during the last thirty years, many prevalent forms of human cancer currently resist chemotherapeutic intervention. For example, prostate cancer is the second leading cause of cancer death in men. The incidence of prostate cancer has increased 141.8% between 1973 and 1994. In 1998, new prostate cancer cases totaled 184,500, representing about one new case every three minutes, and 29% of all new cancer cases in American men. In 1998, an estimated 39,200 men died of prostate cancer. A life is lost to prostate cancer in this country every 13 minutes. According to the National Cancer Institute, the annual cost of prostate cancer to the country, including medical care, lost wages and lost productivity, may be as high as \$15 billion.

Certain types of tumors are more amenable to therapy than others because they are more accessible to therapeutic agents. For example, soft tissue tumors such as lymphomas, and tumors of the blood and blood-forming organs such as leukemia, have generally been more responsive to chemotherapeutic therapy than have solid tumors such as carcinomas. One reason for the susceptibility of soft and blood-based tumors to chemotherapy is that they are physically more accessible to chemotherapeutic intervention. It is simply more difficult for most chemotherapeutic agents to reach all of the cells of a solid tumor mass than it is for such agents to reach the cells of soft tumors and blood-based tumors. While it is possible to increase dosages, chemotherapeutic agents are toxic at higher doses. Hence, conventional anti-tumor agents generally have a limited range of effectiveness against solid tumors and a need exists for the development of novel strategies for the treatment of solid tumors.

One strategy for treating solid tumors is to use anti-tumor cell antibodies to deliver a toxin to the tumor cells. However, this method suffers from certain drawbacks. For example, antigen-negative or antigen-deficient cells can survive to repopulate the tumor or lead to

further metastasis. Also, a solid tumor is generally impermeable to large molecules like antibodies, especially when linked to a toxin molecule.

Recently, there is increasing interest in developing methods to induce site-selective thrombosis within blood vessels of a selected tissue and thereby infarct and destroy that tissue. This approach derived from the notion that in order for a tumor to grow beyond a critical size, it must recruit and activate endothelial cells to form its own new microvasculature. Some investigators have therefore targeted tumor blood vessels for destruction in order to destroy the supply of oxygen and nutrients needed for local tumor cells to proliferate and survive.

WO 96/01653 discloses antibodies against tumor vasculature markers to deliver thrombogens to the vasculature of solid tumors. U.S. Patent 6,156,321 discloses that a truncated form of Tissue Factor can bind to A20 lymphoma cells when co-administered with a bispecific non-neutralizing antibody that binds to Tissue Factor and to an antigen on the A20 lymphoma cells.

## **SUMMARY OF THE INVENTION**

The invention provides Selective Tissue Vascular Thrombogens (STVTs) that can induce targeted thrombosis, infarction and destruction of selected tissues, for example, tumors. Targeting the blood vessels of tumors has certain advantages in that it is not likely to lead to the development of resistant tumor cells or populations thereof. Delivery of Selective Tissue Vascular Thrombogens to blood vessels avoids the accessibility problems associated with targeting cells that are deep within a solid tumor. Moreover, destruction of the blood vessels may have an amplified anti-tumor effect because many tumor cells rely on a single vessel for their oxygen and nutrient supply.

The Selective Tissue Vascular Thrombogens (STVTs) of the invention are novel proteins having at least two functional domains. The first functional domain is a Tissue Factor polypeptide that can induce thrombogenesis, for example, the extracellular domain of Tissue Factor. The second functional domain is a Selective Binding Domain that can selectively bind to a cell-specific or tissue-specific molecule. Preferably, the Selective Binding Domain can bind to a molecule within a tumor, for example, a molecule on the luminal surface of a tumor blood channel. Upon binding, the Tissue Factor polypeptide can induce thrombosis.

Additional domains may be incorporated into the Selective Tissue Vascular Thrombogens of the invention. For example, Selective Tissue Vascular Thrombogens can include membrane associating domains or transmembrane domains of any protein known to one of skill in the art. Other domains that can be incorporated into the Selective Tissue Vascular Thrombogens of the invention include spacer domains to optimize spacing and/or interaction or non-interaction between elements of the domains.

Selective Binding Domains selectively localize the Selective Tissue Vascular Thrombogens, for example, a thrombogenic Tissue Factor domain, to a particular cell type, a particular tissue or a particular tumor type. However, to efficiently induce thrombosis, the Selective Binding Domain is selected to bind to a component within a blood channel. More than one Selective Binding Domain can be incorporated into the Selective Tissue Vascular Thrombogens of the invention, for example, to enhance thrombogenic function, and to increase the selectivity of localization or the selectivity of action.

According to the invention, certain tumor cells can form channels that mimic the function of blood vessels. The channels formed by such tumor cells are deep within the solid tumor and join with the normal circulatory system of the animal at the periphery of the tumor. Hence, Selective Binding Domains are preferably tumor cell membrane proteins that allow the Selective Tissue Vascular Thrombogens of the invention to bind with specificity to a selected tumor cell type.

Accordingly, the invention provides a Selective Tissue Vascular Thrombogen comprising a Selective Binding Domain associated with a Tissue Factor polypeptide. The Selective Binding Domain can bind to a channel for blood within a tissue and the human tissue factor can initiate thrombosis within the channel. The Selective Tissue Vascular Thrombogen can be made by covalent or non-covalent association of the Tissue Factor polypeptide with the Selective Binding Domain.

Such Selective Tissue Vascular Thrombogens can bind to channels within any tissue, for example, within a solid tumor. Such tissues can be lung, breast, ovary, stomach, pancreas, larynx, esophagus, testes, liver, parotid, biliary tract, colon, rectum, cervix, uterus, endometrium, kidney, bladder, prostate, thyroid, benign prostate hyperplasia, squamous cell carcinoma, adenocarcinoma, small cell carcinoma, melanoma, glioma, or neuroblastoma tissues or tumors. In one embodiment, the tissue is a prostate tumor. The Tissue Factor polypeptide is preferably a human Tissue Factor polypeptide, for example, a polypeptide comprising SEQ ID NO:3, SEQ ID NO:4, SEQ ID NO:5 or SEQ ID NO:6.

The Selective Binding Domain can be any molecule, peptide or polypeptide that can selectively bind or associate with a selected cell or tissue type. For example, the Selective Binding Domain can be a ligand for a cellular receptor, a receptor for a cellular ligand, or an inhibitor for a membrane-associated protein. The selective binding domain can, for example, bind selectively to endoglin, integrin, VEGF receptor, a glycosaminoglycan or Prostate Specific Membrane Antigen. In one embodiment, the selective binding domain is an integrin binding site from fibronectin. In another embodiment, the selective binding domain is an inhibitor of prostate specific membrane antigen, for example, Asp- $\beta$ -Glu, N-succinyl-glutamic acid or quisqualic acid.

In certain embodiments, the Selective Tissue Vascular Thrombogen has SEQ ID NO:9 or SEQ ID NO:10.

The invention also provides therapeutic compositions comprising a at least one Selective Tissue Vascular Thrombogen of the invention and a pharmaceutically acceptable carrier, wherein the Selective Tissue Vascular Thrombogen comprises a Selective Binding Domain associated, fused or attached to a Tissue Factor polypeptide, wherein the Selective Binding Domain can bind to a channel for blood within a tissue and the Tissue Factor polypeptide can initiate a coagulation protease cascade within the channel. The Selective Tissue Vascular Thrombogen of the invention is preferably present in a therapeutically effective amount. The Selective Tissue Vascular Thrombogen composition can also include a chemotherapeutic agent, a Factor VII polypeptide or a Factor VIIa polypeptide. Liposomes are one example of pharmaceutically acceptable carrier for the present compositions. In general, the therapeutic compositions are administered intravenously.

The invention further provides a method of treating a solid tumor in an animal that comprises administering a therapeutically effective amount of a Selective Tissue Vascular Thrombogen comprising a Selective Binding Domain fused or attached to a Tissue Factor polypeptide, wherein the Selective Binding Domain can bind to a channel for blood within a tumor and the human tissue factor can induce coagulation within the channel or the use of Selective Tissue Vascular Thrombogen for the manufacture of a medicament for treating a solid tumor. The compositions of the invention can also be used in such therapeutic methods.

#### **DESCRIPTION OF THE FIGURES**

Figure 1 graphically illustrates the ability of a fibronectin-Tissue Factor (Fn-TF) Tissue-Selective Vascular Thrombogen to act as cofactor for enhancement of Factor VIIa

amidolytic activity. The amidolytic activity of Factor VIIa was measured as a function of the concentration of Tissue Factor (1-218) (●) or of the Fn-TF protein (O). These results indicate that the affinity of the Tissue Factor domain for Factor VIIa is not adversely affected by the incorporation of the fibronectin domain. Accordingly, the subtle protein-protein interactions between the Tissue Factor domain and the protease domain of Factor VIIa that are responsible for allosteric induction of Factor VIIa amidolytic function are not adversely affected.

Figure 2 graphically illustrates the proteolytic activity of a complex between the Fn-TF protein and Factor VIIa (O), as compared with a complex between a Tissue Factor extracellular polypeptide (TF1-218) and Factor VIIa (●). Increased proteolytic activity is observed with increasing concentrations of both Fn-TF and Tissue Factor. The activity curves for the two are very similar, suggesting that the incorporated fibronectin domain does not affect the recognition of factor X by the Fn-TF:VIIa protease complex.

Figure 3 graphically illustrates the binding of the Fn-TF protein to integrin expressing CHO K1 cells. The amount of Fn-TF (O) bound increases as the Fn-TF concentration increases. In contrast, soluble Tissue Factor (TF1-218)(●) shows no appreciable association with CHO K1 cells.

Figure 4 graphically illustrates the initiation of localized coagulation on the cell surface by Fn-TF (O) or soluble Tissue Factor (TF1-218) (●) using cells that express integrin (CHO K1 cells). Coagulation time decreased with increasing concentrations of Fn-TF but not with soluble TF. These data indicate that the binding of Fn-TF to integrin led to the regeneration of thrombogenic function by association of the Fn-TF molecule with the cell surface through interaction with integrin. These data also indicate that the Fn-TF protein can assume a conformation that is substantially similar to that of native, transmembranic Tissue Factor so that initiation of the coagulation protease cascade is substantially unaffected by a heterologous Selective Binding Domain.

Figure 5 graphically compares the thrombogenic activity of the Fn-TF protein with native Tissue Factor and further illustrates that an RGDS (SEQ ID NO:17) peptide can competitively inhibit Fn-TF activity. The coagulation activity of the Fn-TF construct can be almost completely inhibited with the RGDS peptide (Fn-TF (20 nM) + RGDS (500  $\mu$ M)). In the presence of RGDS, Fn-TF has low activity similar to soluble Tissue Factor (sTF), which cannot assemble into a thrombogenic complex on the cell. The RGDS peptide can therefore compete for binding to integrin, thereby blocking the binding of the fibronectin domain of Fn-

TF to integrin. These data further confirm that the coagulation activity of the Fn-TF construct is dependent on the binding of a Selective Binding Domain.

Figure 6 illustrates the activity of the D- $\beta$ -E-biotin:streptavidin-Tissue Factor complex in a Factor X generation assay. The D- $\beta$ -E-biotin:streptavidin-Tissue Factor construct (filled circle) has much more activity than the streptavidin-Tissue Factor construct (B symbols) that lacks the D- $\beta$ -E Selective Binding Domain.

Figure 7A graphically depicts retardation of Mat Lu tumor growth by the PSMA STVT targeting thrombogen. In the saline treated control group (square symbols), the tumor volume increased progressively and was greater than the D $\beta$ E -biotin:streptavidin-TF:Factor VIIa treated group (J symbols). The tumor size was measured with a caliper and tumor volume calculated as  $D \times d^2$ . In this case, although tumor center is necrotic and liquified, the total tumor size remained unchanged from day zero or increased slightly as the surviving tumor cells at the rim of the tumor continued to grow.

Figure 7B graphically illustrates the weight of tumors after dissection. The average tumor weight in the treated group (STVT, white) was less than that of the control group (cross-hatched).

Figure 8A illustrates that combined treatment with low doses of liposomal doxorubicin and the D- $\beta$ -E-streptavidin-Tissue Factor STVT augments the tumoricidal effect of PSMA directed STVT therapy. In representative experiments, the combination of doxorubicin and the STVT resulted in nearly complete growth arrest of tumors in the treated animals (closed circles,  $n=12$ ), in striking contrast to those treated only with low dose liposomal doxorubicin (closed squares,  $n=12$ ). The data points represent mean  $\pm$  SEM of 12 rats ( $p<0.001$ ). The experiment was reproducible with comparable results.

Figure 8B graphically illustrates the percent survival of animals treated with the STVT thrombogen or doxorubicin. As illustrated, the combination of STVT thrombogen and doxorubicin treatment (Dox + STVT, long dashed line — —) lead to significantly better survival than mock-treated (thin solid line) animals. Animals treated with the combination of STVT thrombogen and doxorubicin ( — —) also survived significantly longer than animals treated with doxorubicin only (thick solid line) or with only the STVT (short dashed line —).

Figure 9A graphically illustrates that as the concentration of D $\beta$ E inhibitor increases the viability of PSMA expressing prostate cancer cells in culture declines. A cell proliferation and viability assay was employed to assess D $\beta$ E inhibitor activity using trypan blue staining. LnCap cells ( $4 \times 10^4$  cells/well) were seeded in 96 well plates. Different concentrations of the

D $\beta$ E inhibitor or the Asp-Glu (D-E) substrate were added to the media as indicated. The % cell viability was determined 48 hours after treatment as the number of living cells (unstained) divided by total cells count (stain + unstained cells). Inhibition of the glutamyl preferring carboxypeptidase activity of PSMA using its inhibitor Aspartyl- $\beta$ -linked L glutamate (D- $\beta$ -E) resulted in tumor cell death in a dose dependent manner in contrast to its physiological substrate analogue, Aspartyl-glutamate (D-E).

Figure 9B graphically illustrates the synergistic effect of combining methotrexate (MTX) and the PSMA inhibitor D- $\beta$ -E (filled circles), on cancer cell viability in vitro. The cytotoxic effect of methotrexate was assessed with and without the presence of the PSMA inhibitor (D- $\beta$ -E) or PSMA substrate (D-E) using a cell proliferation and viability assay. Tumor cell viability was less when cells were exposed to a combination of methotrexate and the D- $\beta$ -E inhibitor (filled circles) than when cells were exposed to methotrexate alone (filled triangles) or a combination of methotrexate and the D-E substrate (open squares). The cytotoxic effect of methotrexate was potentiated in the presence of inhibitor at a concentration of 0.1  $\mu$ M. The ID<sub>50</sub> of MTX was reduced from around 10  $\mu$ M to around 0.5  $\mu$ M in the presence of the PSMA inhibitor (D- $\beta$ -E) (ID<sub>50</sub> /ID<sub>50</sub>\* =20), a twenty-fold enhancement of the tumoricidal activity.

## DETAILED DESCRIPTION OF THE INVENTION

The present invention provides new compositions, uses and methods for targeted thrombosis at selected vascular sites within an animal, for example, within tumors. Such targeted thrombosis is achieved by administering novel Tissue-Selective Vascular Thrombogens and compositions thereof. Such Tissue-Selective Vascular Thrombogens contain at least two domains. The first domain comprises a coagulation-activating Tissue Factor polypeptide. The second domain is a Selective Binding Domain. The Selective Binding Domain can recognize and bind to a selected cell type, for example, a specific tumor cell type. More than one Tissue Factor polypeptide and/or more than one Selective Binding Domain can be included in the Tissue-Selective Vascular Thrombogens of the invention.

Other domains can be incorporated into the Tissue-Selective Vascular Thrombogens of the invention. Such additional domains can be used, for example, to help spatially orient one or more of the other domains, to add additional Selective Binding Domains, to facilitate insertion of the Tissue-Selective Vascular Thrombogen into a cell membrane, to orient the Tissue-Selective Vascular Thrombogen with the cell surface or to enhance, or prevent neutralization of, the activity of the Tissue-Selective Vascular Thrombogen.



These compositions, uses and methods can be used to activate the thrombogenic cascade in the tumor blood vessels, thereby blocking blood flow to the tumor and killing tumor cells within the tumor. The present invention provides that such compositions may be administered alone, in combination with conventional chemotherapeutics, in combination with Factor VIIa or other factors involved in the cascade of events leading to localized thrombogenesis.

### **Target Diseases**

Angiogenesis in undesired locations is involved in wide range of diseases. The concepts, compositions, uses and methods provided by this invention are broadly applicable to the treatment of any disease that has a vascular component, including benign or malignant tumors. Such vasculature-associated diseases include benign prostate hyperplasia (BPH), diabetic retinopathy, vascular restenosis, arteriovenous malformations (AVM), meningioma, hemangioma, neovascular glaucoma and psoriasis; and also angiofibroma, arthritis, atherosclerotic plaques, corneal graft neovascularization, hemophilic joints, hypertrophic scars, osler-weber syndrome, pyogenic granuloma retrolental fibroplasia, scleroderma, trachoma, vascular adhesions, synovitis, dermatitis and even endometriosis.

An important application of the present compositions, uses and methods is to treat solid tumors. Typical vascularized tumors are the solid tumors, particularly carcinomas, which require a vascular component for the provision of oxygen and nutrients via the blood. Exemplary solid tumors that may be treated using the invention include, but are not limited to, carcinomas of the lung, breast, ovary, stomach, pancreas, larynx, esophagus, testes, liver, parotid, biliary tract, colon, rectum, cervix, uterus, endometrium, kidney, bladder, prostate, thyroid, squamous cell carcinomas, adenocarcinomas, small cell carcinomas, melanomas, gliomas, neuroblastomas, and the like.

Table 1 is provided for the purpose of exemplifying human tumor cell lines that are publicly available. The information presented in Table 1 is provided by means of an example, and not intended to be limiting either by year or by scope. One of skill in the art may consult the ATCC Catalogue of any subsequent year to identify other appropriate cell lines. Also, if a particular cell type is desired, the means for obtaining such cells, and/or their instantly available source, will be known to those of skill in the particular art. An analysis of the scientific literature can thus readily reveal an appropriate choice of cell for any tumor cell type to be targeted.

TABLE 1: HUMAN TUMOR CELL LINES AND SOURCES

ATTC/HTB CELL NUMBER LINE		TUMOR TYPE
1	J82	Transitional-cell carcinoma, bladder
2	RT4	Transitional-cell papilioma, bladder
3	ScaBER	Squamous carcinoma, bladder
4	T24	Transitional-cell carcinoma, bladder
5	TCCSUP	Transitional-cell carcinoma, bladder, primary grade IV
9	5637	Carcinoma, bladder, primary
10	SK-N-MC	Neuroblastoma, metastasis to supra-orbital area
11	SK-N-SH	Neuroblastoma, metastasis to bone marrow
12	SW 1088	Astrocytoma
13	SW 1783	Astrocytoma
14	U-87 MG	Glioblastoma, astrocytoma, grade III
15	U-118 MG	Glioblastoma
16	U-138 MG	Glioblastoma
17	U-373 MG	Glioblastoma, astrocytoma, grade III
18	Y79	Retinoblastoma
19	BT-20	Carcinoma, breast
20	BT-474	Ductal carcinoma, breast
22	MCF7	Breast adenocarcinoma, pleural effusion
23	MDA-MB-134-VI	Breast, ductal carcinoma, pleural effusion
24	MDA-MD-157	Breast medulla, carcinoma, pleural effusion
25	MDA-MB-175-VII	Breast, ductal carcinoma, pleural effusion
27	MDA-MB-361	Adenocarcinoma, breast, metastasis to brain
30	SK-BR-3	Adenocarcinoma, breast, malignant pleural effusion
31	C-33 A	Carcinoma, cervix
32	HT-3	Carcinoma, cervix, metastasis to lymph node
33	ME-180	Epidermoid carcinoma, cervix, metastasis to omentum
34	MS751	Epidermoid carcinoma, cervix, metastasis to lymph node
35	SiHa	Squamous carcinoma, cervix
36	JEG-3	Choriocarcinoma
37	Caco-2	Adenocarcinoma, colon
38	HT-29	Adenocarcinoma, colon, moderately well-differentiated grade II
39	SK-CO-1	Adenocarcinoma, colon, ascites
40	HuTu 80	Adenocarcinoma, duodenum

41	A-253	Epidermoid carcinoma, submaxillary gland
43	FaDu	Squamous cell carcinoma, pharynx
44	A-498	Carcinoma, kidney
45	A-704	Adenocarcinoma, kidney
46	Caki-1	Clear cell carcinoma, consistent with renal primary, skin metastasis
47	Caki-2	Clear cell carcinoma, consistent with renal primary
48	SK-NEP-1	Wilms' tumor, pleural effusion
49	SW 839	Adenocarcinoma, kidney
52	SK-HEP-1	Adenocarcinoma, liver, ascites
53	A-427	Carcinoma, lung
54	Calu-1	Epidermoid carcinoma grade III, lung, metastasis to pleura
55	Calu-3	Adenocarcinoma, lung, pleural effusion
56	Calu-6	Anaplastic carcinoma, probably lung
57	SK-LU-1	Adenocarcinoma, lung consistent with poorly differentiated, grade III
58	SK-MES-1	Squamous carcinoma, lung, pleural effusion
59	SW 900	Squamous cell carcinoma, lung
60	EB1	Burkitt lymphoma, upper maxilla
61	EB2	Burkitt lymphoma, ovary
62	P3HR-1	Burkitt lymphoma, ascites
63	HT-144	Malignant melanoma, metastasis to subcutaneous tissue
64	Malme-3M	Malignant melanoma, metastasis to lung
66	RPMI-7951	Malignant melanoma, metastasis to lymph node
67	SK-MEL-1	Malignant melanoma, metastasis to lymphatic system
68	SK-MEL-2	Malignant melanoma, metastasis to skin of thigh
69	SK-MEL-3	Malignant melanoma, metastasis to lymph node
70	SK-MEL-S	Malignant melanoma, metastasis to auxiliary node
71	SK-MEL-24	Malignant melanoma, metastasis to node
72	SK-MEL-28	Malignant melanoma
73	SK-MEL-31	Malignant melanoma
75	Caov-3	Adenocarcinoma, ovary, consistent with primary
76	Caov-4	Adenocarcinoma, ovary, metastasis to subserosa of fallopian tube
77	SK-OV-3	Adenocarcinoma, ovary, malignant ascites
78	SW 626	Adenocarcinoma, ovary
79	Capan-1	Adenocarcinoma, pancreas, metastasis to liver
80	Capan-2	Adenocarcinoma, pancreas
81	DU 145	Carcinoma, prostate, metastasis to brain
82	A-204	Rhabdomyosarcoma
85	Saos-2	Osteogenic sarcoma, primary

86	SK-ES-1	Anaplastic osteosarcoma versus Ewing sarcoma, bone
88	SK-LMS-1	Leiomyosarcoma, vulva, primary
91	SW 684	Fibrosarcoma
92	SW 872	Liposarcoma
93	SW 982	Axilla synovial sarcoma
94	SW 1353	Chondrosarcoma, humerus
96	U-2 OS	Osteogenic sarcoma, bone primary
102	Malme-3	Skin fibroblast
103	KATO III	Gastric carcinoma
104	Cate-1B	Embryonal carcinoma, testis, metastasis to lymph node
105	Tera-1	Embryonal carcinoma, malignancy consistent with metastasis to lung
106	Tera-2	Embryonal carcinoma, malignancy consistent with, metastasis to lung
107	SW579	Thyroid carcinoma
111	AN3 CA	Endometrial adenocarcinoma, metastatic
112	HEC-1-A	Endometrial adenocarcinoma
113	HEC-1-B	Endometrial adenocarcinoma
114	SK-UT-1	Uterine, mixed mesodermal tumor, consistent with leiomyosarcoma grade III
115	SK-UT-1B	Uterine, mixed mesodermal tumor, consistent with leiomyosarcoma grade III
117	SW 954	Squamous cell carcinoma, vulva
118	SW 962	Carcinoma, vulva, lymph node metastasis
119	NCI-H69	Small cell carcinoma, lung
120	NCI-H128	Small cell carcinoma, lung
121	BT-483	Ductal carcinoma, breast
122	BT-549	Ductal carcinoma, breast
123	DU4475	Metastatic cutaneous nodule, breast carcinoma
124	HBL-100	Breast
125	Hs 578Bst	Breast, normal
126	Hs 578T	Ductal carcinoma, breast
127	MDA-MB-330	Carcinoma, breast
128	MDA-MB-415	Adenocarcinoma, breast
129	MDA-MB-435S	Ductal carcinoma, breast
130	MDA-MB-436	Adenocarcinoma, breast
131	MDA-MB-453	Carcinoma, breast
132	MDA-MB-468	Adenocarcinoma, breast
133	T-47D	Ductal carcinoma, breast, pleural effusion
134	Hs 766T	Carcinoma, pancreas, metastatic to lymph node
135	Hs 746T	Carcinoma, stomach, metastatic to left leg
137	Hs 695T	Amelanotic melanoma, metastatic to lymph node
138	Hs 683	Glioma
140	Hs 294T	Melanoma, metastatic to lymph node
142	Hs 602	Lymphoma, cervical
144	JAR	Choriocarcinoma, placenta
146	Hs 445	Lymphoid, Hodgkin's disease

147	Hs 700T	Adenocarcinoma, metastatic to pelvis
148	H4	Neuroglioma, brain
151	Hs 696	Adenocarcinoma primary, unknown, metastatic to bone-sacrum
152	Hs 913T	Fibrosarcoma, metastatic to lung
153	Hs 729	Rhabdomyosarcoma, left leg
157	FHs 738Lu	Lung, normal fetus
158	FHs 173We	Whole embryo, normal
160	FHs 738B1	Bladder, normal fetus
161	NIH:OVCA-3	Ovary, adenocarcinoma
163	Hs 67	Thymus, normal
166	RD-ES	Ewing's sarcoma
168	ChaGo K-1	Bronchogenic carcinoma, subcutaneous metastasis, human
169	WERI-Rb-1	Retinoblastoma
171	NCI-H446	Small cell carcinoma, lung
172	NCI-H209	Small cell carcinoma, lung
173	NCI-H146	Small cell carcinoma, lung
174	NCI-H441	Papillary adenocarcinoma, lung
175	NCI-H82	Small cell carcinoma, lung
176	H9	T-cell lymphoma
177	NCI-H460	Large cell carcinoma, lung.
178	NCI-H596	Adenosquamous carcinoma, lung
179	NCI-H676B	Adenocarcinoma, lung
180	NCI-H345	Small cell carcinoma, lung
181	NCI-H820	Papillary adenocarcinoma, lung
182	NCI-H520	Squamous cell carcinoma, lung
183	NCI-H661	Large cell carcinoma, lung
184	NCI-H510A	Small cell carcinoma, extra-pulmonary origin, metastatic
185	D283 Med	Medulloblastoma
186	Daoy	Medulloblastoma
187	D341 Med	Medulloblastoma
188	AML-193	Acute monocyte leukemia
189	MV4-11	Leukemia biphenotype

### Tissue Factor

According to the invention, any Tissue Factor polypeptide that can initiate thrombosis and that includes the extracellular domain of Tissue factor can be used as the Tissue Factor domain of the present Selective Tissue Vascular Thrombogens. The Tissue Factor polypeptide can be mutant or wild type. The Tissue Factor polypeptide can include all of the extracellular domain or part of it. Preferably, the Tissue Factor polypeptide is not the full-length native Tissue Factor. For example, the Tissue Factor polypeptide generally lacks the cytoplasmic domain, and may have none or only a part of the transmembrane domain.

Tissue Factor is the major receptor for initiating thrombogenic (blood coagulation) cascades (Davie, et al. 1991). Human Tissue Factor has been cloned and is available to those of skill in the art (Morrissey et al., 1987; Edgington et al., 1991; U.S. Pat. No. 5,110,730). In certain early studies, the same protein currently identified as human Tissue

Factor may be referred to as human Tissue Factor heavy chain protein or the heavy chain of Tissue Factor. The gene encodes a polypeptide precursor of 295 amino acids in length, which includes a peptide leader with alternative cleavage sites, which is lead to the formation of a protein of 263 amino acids in length. Mature Tissue Factor is a single chain, 263 amino acid membrane glycoprotein (SEQ ID NO:2), and its primary sequence has structural similarity with the cytokine receptor family (Edgington et al., 1991). The recombinant expression of human Tissue Factor in CHO cells has been reported to lead to the production of Tissue Factor at a level that is described as being one of the highest expression levels reported for a recombinant transmembrane receptor following production in mammalian cells (Rehemtulla et al., 1991).

The amino acid sequence of the precursor form of human Tissue Factor (SEQ ID NO:1) is provided below:

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-32 METPAWPRVP RPETAVARTL LLGWVFAQVA GA
  1 SGTNTNTVAAY NLTKSTNFK TLEWEPKPV NQVYTVQIST
 41 KSGDWKSKCF YTTDTECDLT DEIVKDVKQT YLARVFSYPA
 81 GNVESTGSAG EPLYENSPEF TPYLETNLGQ PTIQSFEQVG
121 TKVNVTVVEDE RTLVRNNTF LSLRDVFGKD LIYTLYYWKS
161 SSSGKKTAKT NTNEFLIDVD KGENYCFSVQ AVIPSRTVNR
201 KSTDSPVECM GQEKGEFREI FYIIGAVVFV VIILVIILAI
241 SLHKCRKAGV GQSWKENSPL NVS
```

The amino acid sequence of the mature form of human Tissue Factor (SEQ ID NO:2) is provided below:

```
  1 SGTNTNTVAAY NLTKSTNFK TLEWEPKPV NQVYTVQIST
 41 KSGDWKSKCF YTTDTECDLT DEIVKDVKQT YLARVFSYPA
 81 GNVESTGSAG EPLYENSPEF TPYLETNLGQ PTIQSFEQVG
121 TKVNVTVVEDE RTLVRNNTF LSLRDVFGKD LIYTLYYWKS
161 SSSGKKTAKT NTNEFLIDVD KGENYCFSVQ AVIPSRTVNR
201 KSTDSPVECM GQEKGEFREI FYIIGAVVFV VIILVIILAI
241 SLHKCRKAGV GQSWKENSPL NVS
```

The amino acid sequence of the extracellular domain of human Tissue Factor (SEQ ID NO:3), which is sometimes called TF1-219, is provided below:

```

1  SGTNTNTVAAY NLTWKSTNFK TILEWEPKPV NQVYTVQIST
41 KSGDWKSKCF YTTDTECDLT DEIVKDVKQT YLARVFSYPA
81 GNVESTGSAG EPLYENSPEF TPYLETNLGQ PTIQSFEQVG
121 TKVNVTVDEDE RTLVRNNTF LSLRDVFGKD LIYTLYYWKS
161 SSSGKKTAKT NTNEFLIDVD KGENYCFSVQ AVIPSRTVNR
201 KSTDSPVECM GQEKGEFRE

```

The amino acid sequence of a slightly shorter extracellular domain of human Tissue Factor (SEQ ID NO:4), which is sometimes called TF1-218, is provided below:

```

1  SGTNTNTVAAY NLTWKSTNFK TILEWEPKPV NQVYTVQIST
41 KSGDWKSKCF YTTDTECDLT DEIVKDVKQT YLARVFSYPA
81 GNVESTGSAG EPLYENSPEF TPYLETNLGQ PTIQSFEQVG
121 TKVNVTVDEDE RTLVRNNTF LSLRDVFGKD LIYTLYYWKS
161 SSSGKKTAKT NTNEFLIDVD KGENYCFSVQ AVIPSRTVNR
201 KSTDSPVECM GQEKGEFR

```

A slightly truncated extracellular domain of human Tissue Factor that is sometimes called TF3-219 (SEQ ID NO:5), because it does not have the first two amino acids of SEQ ID NO:3, can also be used as a Tissue Factor polypeptide in the Tissue-Selective Vascular Thrombogens of the invention. This TF3-219 polypeptide has SEQ ID NO:5, provided below:

```

1  TTNTVAAYNL TWKSTNFKTI LEWEPKPVNQ VYTVQISTKS
41 GDWKSCKFYT TDTECDLTDE IVKDVKQTYL ARVFSYPAGN
81 VESTGSAGEP LYENSPEFTP YLETNLGQPT IQSFEQVGTK
121 VNVTVDEDE RTLVRRNNTFLS LRDVFGKDLI YTLYYWKSSS
161 SGKKTAKTNT NEFLIDVDKG ENYCFSVQAV IPSRTVNRKS
201 TDSPVECMGQ EKGEFRE

```

A similar amino acid sequence of a slightly truncated extracellular domain of human Tissue Factor that is sometimes called TF3-218 (SEQ ID NO:6), because it does not have the first two amino acids of SEQ ID NO:3, can also be used as a Tissue Factor polypeptide in the Tissue-Selective Vascular Thrombogens of the invention. This TF3-218 polypeptide has SEQ ID NO:6, provided below:

```

1  TTNTVAAYNL TWKSTNFKTI LEWEPKPVNQ VYTVQISTKS
41  GDWKS KCFYT TDTECDLTDE IVKDV KQTYL ARVFSYPAGN
81  VESTGSAGEP LYENSPEFTP YLETNLGQPT IQSFEQVGTK
121 VNVTVEDERT LVRRNNTFLS LRDVFGKDLI YTLYYWKSSS
161 SGKKTAKTNT NEFLIDVDKG ENYCFSVQAV IPSRTVNRKS
201 TDSPVECMGQ EKGEFR

```

Moreover, the C-terminal end of the Tissue Factor polypeptide can be manipulated as desired by one of skill in the art. For example, the transmembrane domain of Tissue Factor starts at about amino acid 220 and ends at about amino position 241. This domain and the cytoplasmic sequences that lie C-terminal to this domain can be removed and replaced with other polypeptide sequences, for example, other transmembrane domains. In addition, a peptide comprising approximate amino acid position 211 to approximate amino acid position 219 can be removed and replaced with any convenient peptide sequence that can link a transmembrane domain to the active portion of Tissue Factor. Any such manipulations can be performed to modify or enhance the activity or membrane association properties of the STVT, so long as the Tissue Factor domain retains activity and is capable of initiating a thrombogenic response.

A number of domains can be used to facilitate association of Tissue Factor with a selected cellular membrane. For example, a membrane association domain can be provided by the Selective Binding Domain or by any membrane protein or member of the Superfamily of Hematopoietic-Cytokine Receptors selected by one of skill in the art. In one embodiment, the Selective Tissue Vascular Thrombogens of the invention includes the entire transmembrane domain of human Tissue Factor, or a portion thereof. The amino acid sequence of the transmembrane domain of human Tissue Factor (SEQ ID NO:7) is provided below:

```

FYIIGAVVFV VIILVIILAI SL

```



Tissue Factor is a transmembrane cell surface receptor. Tissue Factor functions as the receptor and requisite cofactor for Factors VII and VIIa. Tissue Factor binds Factor VIIa to form a proteolytically active binary complex on the cell surface (Ruf and Edgington, 1991 b, 1994; Ruf et al., 1991, 1992a, 1992b). This complex rapidly activates the serine protease zymogens Factors IX and X by limited proteolysis, leading to the formation of thrombin and, then to the conversion of plasma fibrinogen to fibrin resulting in gelation of plasma and blood.

We determined a structural model of the ternary complex of Tissue Factor (having a transmembrane and a cytoplasmic domain) with Factor VIIa and Factor X as this complex becomes associated with a cell surface. The transmembrane domain of native Tissue Factor spans the cell membrane and ensures proper positioning of both Factor VIIa and Factor X (or Factor IX) on the cell surface. The interaction of the N-terminal Gla domain of both Factor VIIa and Factor X with the cell membrane is critical for the full thrombogenic activity of this complex.

Another structural model of a ternary complex of a Tissue-Selective Vascular Thrombogen of the invention where the Tissue Factor polypeptide is associated with Factor VIIa and Factor X. The N-terminal extracellular domain of Tissue Factor is fused with a Selective Binding Domain to form a novel Tissue-Selective Vascular Thrombogen. The extreme portion of the N-terminus of Tissue Factor is not involved in its function. Hence, addition to the N-terminus of a Tissue Factor polypeptide of another molecule or domain is possible. In this invention, a Selective Binding Domain can be added to properly associate and physically align the Tissue Factor polypeptide with the cell surface. Attachment of such a Selective Binding Domain to its N-terminus does not adversely affect the conformation or the function of the selected Tissue Factor polypeptide. Factor VII, or its activated form, Factor VIIa, and Factor X, or Factor IX, can therefore interact with the Tissue Factor domain when aligned on a functionally supportive region of an anionic cell surface. Such interaction permits formation of a complex that has a conformation very similar to the structure of a native Tissue Factor:Factor VIIa:Factor Xa complex. The thrombogenic activity of this complex is substantially unaffected by the incorporated Selective Binding Domain.

A silver-stained SDS polyacrylamide gel of an electrophoretically purified fibronectin-Tissue Factor (Fn-TF) construct and a polypeptide encoding the extracellular domain of

Tissue Factor (TF1-218) have been performed. Only a single band was observed for each sample, indicative of the homogeneity and the purity of each protein preparation.

A limited number of cells constitutively express Tissue Factor. Lung and central nervous system tissues contain high levels of Tissue Factor activity, with Tissue Factor being found in bronchial mucosa and alveolar epithelial cells in the lung and in glial cells and astrocytes in the nervous system. Expression of Tissue Factor has also been reported in cardiac myocytes, renal glomeruli, and in certain epithelial or mucosal tissues of the intestine, bladder and respiratory tract. Over expression of Tissue Factor has been linked to thrombotic diseases and sepsis (Drake, Morrissey et al. 1989; Levi, ten Cate et al. 1994). Tissue Factor expression on endothelial cells and monocytes is induced by exposure to inflammatory cytokines and bacterial lipopolysaccharide (Drake and Pang 1989; Oeth, Parry et al. 1994). There can also be very small amounts of Tissue Factor associated with membrane vesicles shed by cells into the blood. Tissue Factor is generally constitutively expressed at tissue barriers between body tissues and the external environment. The expression of Tissue Factor in this manner acts as an envelope that allows Tissue Factor to arrest bleeding.

The disruption of the Tissue Factor gene in mice revealed an unexpected role for Tissue Factor in supporting vascular development. Beside the roles it has in hemostasis and thrombosis, Tissue Factor is also implicated in signal transduction, cellular adhesion, and the tumor metastasis and angiogenesis.

Tissue Factor is typically not expressed to any significant degree on blood cells or on the surface of endothelial cells that form the vasculature, but such expression can be induced in endothelial cells and monocytes within the vasculature by infectious agents and certain inflammatory processes. Monocytes, for example, are induced to express Tissue Factor by cytokines and T cells. Expression of Tissue Factor in the vasculature can result in disseminated intravascular coagulation or localized initiation of blood clots or thrombogenesis. In this context, it is important to note that Tissue Factor must be available at all sites of the body where hemostasis would be necessary following tissue damage, infection or other insults.

Tissue Factor is the major initiator of the blood coagulation protease cascades and is generally not in direct contact with the blood under physiologically normal conditions (Ruf and Edgington, 1994). After vascular damage or activation by certain cytokines or endotoxin, however, Tissue Factor is exposed to the blood by the exposure of

(sub)endothelial tissue and cells (Weiss et al., 1989), by induction within the endothelium, or by certain blood cells (Warr et al., 1990). Tissue Factor then complexes with Factor VII and VIIa, which under normal conditions circulate at low concentrations in the blood (Wildgoose et al., 1992). The Tissue Factor:Factor VII complex is converted to a Tissue Factor:Factor VIIa complex. The Tissue Factor/Factor VIIa complex starts the coagulation cascade through the activation of Factor X to Factor Xa. Ultimately, the cascade results in formation of thrombin that produces fibrin.

For this sequence of events to occur, the Tissue Factor:Factor VIIa complex must be associated with a supportive phospholipid membrane surface in order for efficient assembly of the coagulation-initiation complexes with Factors IX or X (Ruf and Edgington, 1991a; Ruf et al., 1992c; Paborsky et al., 1991; Bach et al., 1986; Krishnaswamy et al., 1992; ten Cate et al., 1993). The association of Tissue Factor with an anionic phospholipid membrane increases the coagulative activity of this complex by promoting the proper orientation of Factor VIIa relative to Tissue Factor through the interaction of Gla domain of Factor VIIa with phospholipid. This enhances the binding of Factor VIIa to Tissue Factor, facilitates the catalytic conversion of Factor VII to Factor VIIa, and enhances the activity of Tissue Factor:Factor VIIa toward its substrates, Factor X and Factor IX. It also provides a cellular membrane binding for Factor X and Factor IX.

A recombinant form of Tissue Factor has been constructed that contains only the cell surface or extracellular domain (Ruf et al., 1991b; Stone, et al., 1995) and that lacks the transmembrane and cytoplasmic regions of Tissue Factor. This truncated Tissue Factor is 219 amino acids in length and is a soluble protein with approximately  $10^5$  times less factor X-activating activity than native Tissue Factor in an appropriate phospholipid membrane environment (Ruf, et al., 1991b). This difference in activity is related to the association of Tissue Factor and the lack of membrane-association by truncated Tissue Factor. The Tissue Factor:VIIa complex binds and activates Factors IX and X far more efficiently when associated with a negatively charged phospholipid surface (Ruf, et al., 1991b; Paborsky, et al., 1991). Consequently, the native transmembrane Tissue Factor is 100,000 fold more active than the soluble Tissue Factor extracellular domain. In order to achieve site-selective induction of thrombosis to occlude undesired vessels under pathologic conditions using Tissue Factor, a soluble Tissue Factor molecule that retains coagulative function upon proper positioning onto a cell surface structure is desirable.

However, according to the present invention, the extracellular domain of Tissue Factor, without the natural transmembrane and cytoplasmic regions of Tissue Factor, can

promote blood coagulation when properly associated with a cellular membrane by any "Selective Binding Domain."

### **Selective Binding Domains**

A Selective Binding Domain is a peptide, peptidyl analogue or polypeptide that can associate with a cellular membrane, through direct interaction with the membrane or through interaction with a protein present on the membrane, or both. Association with the cellular membrane by the Selective Binding Domain need only be transient, however, it must be selective so that the Selective Tissue Vascular Thrombogen can provide targeted, localized thrombosis.

One or more Selective Binding Domains are associated or integrated with one or more Tissue Factor polypeptides to form a Selective Tissue Vascular Thrombogen. Association between the Tissue Factor polypeptide(s) and the Selective Binding Domain(s) can be via a covalent bond, or via any other stable interaction, such as by hydrogen bonding.

Figure 1B shows a structural model of a ternary complex of a Tissue-Selective Vascular Thrombogen of the invention where the Tissue Factor polypeptide (in the middle) is associated with Factor VIIa (on the left) and Factor X (on the right). The N-terminal extracellular domain of Tissue Factor is fused with a Selective Binding Domain (arrow in the upper left corner of Fig. 1B) to form a novel Tissue-Selective Vascular Thrombogen. The extreme portion of the N-terminus of Tissue Factor is not involved in its function. Hence, addition of another molecule or domain to the N-terminus of a Tissue Factor polypeptide is possible. In this invention, a Selective Binding Domain can be added to properly associate and physically align the Tissue Factor polypeptide with the cell surface. Attachment of such a Selective Binding Domain to its N-terminus does not adversely affect the conformation or the function of the selected Tissue Factor polypeptide. Factor VII, or its activated form, Factor VIIa, and Factor X, or Factor IX, can therefore interact with the Tissue Factor domain when aligned on a functionally supportive region of an anionic cell surface. Such interaction permits formation of a complex that has a conformation very similar to the structure of a native Tissue Factor:Factor VIIa:Factor Xa complex. The thrombogenic activity of this complex is substantially unaffected by the incorporated Selective Binding Domain.

A Selective Binding domain can be a ligand for a cellular receptor, a membrane-associated domain for any cell membrane protein known to one of skill in the art, an inhibitor for a membrane-associated protein, a component of tumor vasculature, a component that binds to, or is generally associated with, tumor cells, a component that binds to, or is

generally associated with, tumor vasculature, a component of the tumor extracellular matrix or stroma, a cell found within the tumor vasculature or any peptide or polypeptide that preferentially interacts with a cellular membrane. In general the Selective Binding domain is preferably not an antibody.

Selective Binding domains can be made to bind to any relatively specific marker on the tumor cell, for example, endoglin, integrin, VEGF receptor, PSMA and the like. Many so-called "tumor antigens" have been described, any one which could be employed as a target to which the Selective Binding domain may bind. A large number of exemplary solid tumor-associated antigens are listed herein in Table 2.

**Table 2: Marker Antigens of Solid Tumors**

Tumor Site	Antigen Identity/ Characteristics	Monoclonal Antibodies	Reference
<b>GYNECOLOGICAL</b>			
GY	CA 125 >200 kD mucin GP	OC 125	Kabawat et al., 1983; Szymendera, 1986
Ovarian	80 Kd GP	OC 133	Masuko et al, Cancer Res., 1984
Ovarian	SGA 360 Kd GP	OMI	de Krester et al., 1986
Ovarian	High M <sub>r</sub> mucin	Mo v1	Miotti et al, Cancer Res., 1985
Ovarian	High M <sub>r</sub> mucin/ glycolipid	Mo v2	Miotti et al, Cancer Res., 1985
Ovarian	NS	3C2	Tsuji et al., Cancer Res., 1985
Ovarian	NS	4C7	Tsuji et al., Cancer Res., 1985
Ovarian	High M <sub>r</sub> mucin	ID <sub>3</sub>	Gangopadhyay et al., 1985
Ovarian	High M <sub>r</sub> mucin	DU- PAN-2	Lan et al., 1985
GY	7700 Kd GP	F 36/22	Croghan et al., 1984
Ovarian	'gp 68' 48 Kd	4F <sub>7</sub> /A <sub>10</sub>	Bhattacharya et al., 1984
GY	40, 42kD GP	OV-TL3	Poels et al., 1986
GY	'TAG-72' High M <sub>r</sub> mucin	B72.3	Thor et al., 1986
Ovarian	300-400 Kd GP	DF <sub>3</sub>	Kufe et al., 1984
Ovarian	60 Kd GP	2C <sub>8</sub> /2F <sub>7</sub>	Bhattacharya et al., 1985
GY	105 Kd GP	MF 116	Mattes et al., 1984
Ovarian	38-40 kD GP	MOv18	Miotti et al., 1987
GY	CEA 180 Kd GP	CEA 11-H5	Wagener et al., 1984

Tumor Site	Antigen Identity/ Characteristics	Monoclonal Antibodies	Reference
Ovarian	CA 19-9 or GICA	CA 19-9 (1116NS 19-9)	Atkinson et al., 1982
Ovarian	'PLAP' 67 Kd GP	H17-E2	McDicken et al., 1985
Ovarian	72 Kd	791T/36	Perkins et al., 1985
Ovarian	69 Kd PLAP	NDOG <sub>2</sub>	Sunderland et al., 1984
Ovarian	unknown M <sub>r</sub> PLAP	H317	Johnson et al., 1981
Ovarian	p185 <sup>HER2</sup>	4D5, 3H4, 7C2, 6E9, 2C4, 7F3, 2H11, 3E8, 5B8, 7D3, SB8	Shepard et al., 1991
uterus ovary	HMFG-2	HMFG2	Epenetos et al., 1982
GY	HMFG-2	3.14.A3	Butchell et al., 1983
BREAST	330-450 Kd GP	DF3	Hayes et al., 1985
	NS	NCRC-11	Ellis et al., 1984
	37kD	3C6F9	Mandeville et al., 1987
	NS	MBE6	Teramoto et al., 1982
	NS	CLNH5	Glassy et al., 1983
	47 Kd GP	MAC 40/43	Kjeldsen et al., 1986
	High M <sub>r</sub> GP	EMA	Sloane et al., 1981
	High M <sub>r</sub> GP	HMFG1 HFMG2	Arklie et al., 1981
	NS	3.15.C3	Arklie et al., 1981
	NS	M3, M8, M24	Foster et al., 1982
	1 (Ma) blood group Ags	M18	Foster et al., 1984
	NS	67-D-11	Rasmussen et al., 1982
	oestrogen receptor	D547Sp, D75P3, H222	Kinsel et al., 1989
	EGF Receptor	Anti-EGF	Sainsbury et al., 1985
	Laminin Receptor	LR-3	Horan Hand et al., 1985
	<i>Erb</i> B-2 p185	TA1	Gusterson et al., 1988
	NS	H59	Hendler et al., 1981
	126 Kd GP	10-3D-2	Soule et al., 1983
	NS	HmAB1,2	Imam et al., 1984; Schlom et al., 1985
	NS	MBR 1,2,3	Menard et al., 1983
	95 Kd	24.17.1	Thompson et al., 1983

Tumor Site	Antigen Identity/ Characteristics	Monoclonal Antibodies	Reference
	100 Kd	24.17.2 (3E1.2)	Croghan et al., 1983
	NS	F36/22.M7/ 105	Croghan et al., 1984
	24 Kd	C11, G3, H7	Adams et al., 1983
	90 Kd GP	B6.2	Colcher et al., 1981
	CEA & 180 Kd GP	B1.1	Colcher et al., 1983
	Colonic & pancreatic mucin similar to Ca 19-9	Cam 17.1	Imperial Cancer Research Technology MAb listing
	milk mucin core protein	SM3	Imperial Cancer Research Technology MAb listing
	milk mucin core protein	SM4	Imperial Cancer Research Technology MAb listing
	Affinity- purified milk mucin	C-Mul (566)	Imperial Cancer Research Technology MAb listing
	p185 <sup>HER2</sup>	4D5, 3H4, 7C2, 6E9, 2C4, 7F3, 2H11, 3E8, 5B8, 7D3, SB8	Shepard et al., 1991
	CA 125 > 200 Kd GP	OC 125	Kabawat et al., 1985
	High M <sub>r</sub> mucin/ glycoprotein	MO v2	Miotti et al., 1985
	High M <sub>r</sub> mucin	DU-PAN-2	Lan et al., 1984
	'gp48' 48 Kd GP	4F <sub>7</sub> /7A <sub>10</sub>	Bhattacharya et al., 1984
	300-400 Kd GP	DF <sub>3</sub>	Kufe et al., 1984
	'TAG-72' high M <sub>r</sub> mucin	B72.3	Thor et al., 1986
	'CEA' 180 Kd GP	ccccCEA 11	Wagener et al., 1984
	'PLAP' 67 Kd GP	H17-E2	McDicken et al., 1985
	HMFG-2 > 400 Kd GP	3.14.A3	Burchell et al., 1983
	NS	FO23C5	Riva et al., 1988
COLORECTAL			
	TAG-72 High M <sub>r</sub> mucin	B72.3	Colcher et al., 1987

Tumor Site	Antigen Identity/ Characteristics	Monoclonal Antibodies	Reference
	GP37	(17-1A) 1083-17-1A	Paul et al., 1986
	Surface GP	CO17-1A	LoBuglio et al., 1988
	CEA	ZCE-025	Patt et al., 1988
	CEA	AB2	Griffin et al., 1988a
	Cell surface AG	HT-29-15	Cohn et al., 1987
	secretory epithelium	250-30.6	Leydem et al., 1986
	Surface glycoprotein	44 X 14	Gallagher et al., 1986
	NS	A7	Takahashi et al., 1988
	NS	GA73.3	Munz et al., 1986
	NS	791T/36	Farrans et al., 1982
	cell membrane & cytoplasmic Ag	28A32	Smith et al., 1987
	CEA & vindesine	28.19.8	Corvalen, 1987
	gp72	x MMCO- 791	Byers et al., 1987
	High M <sub>r</sub> mucin	DU-PAN-2	Lan et al., 1985
	High M <sub>r</sub> mucin	ID <sub>3</sub>	Gangopadhyay et al., 1985
	CEA 180 Kd GP	CEA 11-H5	Wagener et al., 1984
	60 Kd GP	2C <sub>8</sub> /2F <sub>7</sub>	Bhattacharya et al., 1985
	CA- 19-9 (or GICA)	C-19-9 (1116NS 19-9)	Atkinson et al., 1982
	Lewis a	PR5C5	Imperial Cancer Research Technology Mab Listing
	Lewis a	PR4D2	Imperial Cancer Research Technology Mab Listing
	Colonic mucus	PR4D1	Imperial Cancer Research Technology Mab Listing
MELANOMA			
	p97 <sup>a</sup>	4.1	Woodbury et al., 1980
	p97 <sup>a</sup>	8.2 M <sub>17</sub>	Brown, et al., 1981a
	p97 <sup>b</sup>	96.5	Brown, et al., 1981a
	p97 <sup>c</sup>	118.1, 133.2, (113.2)	Brown, et al., 1981a
	p97 <sup>c</sup>	L <sub>1</sub> , L <sub>10</sub> , R <sub>10</sub> (R <sub>19</sub> )	Brown, et al., 1981b
	p97 <sup>d</sup>	I <sub>12</sub>	Brown, et al., 1981b
	p97 <sup>e</sup>	K <sub>5</sub>	Brown et al., 1981b
	p155	6.1	Loop et al., 1981



Tumor Site	Antigen Identity/ Characteristics	Monoclonal Antibodies	Reference
	G <sub>D3</sub> disialogan- glioside	R24	Dippold et al., 1980
	p210, p60, p250	5.1	Loop et. al., 1981
	p280 p440	225.28S	Wilson et al., 1981
	GP 94, 75, 70 & 25	465.12S	Wilson et al., 1981
	P240-P250, P450	9.2.27	Reisfeld et al., 1982
	100, 77, 75 Kd	F11	Chee et al., 1982
	94 Kd	376.96S	Imai et al., 1982
	4 GP chains	465.12S	Imai et al., 1982; Wilson et al., 1981
	GP 74	15.75	Johnson & Reithmuller, 1982
	GP 49	15.95	Johnson & Reithmuller, 1982
	230 Kd	Mel-14	Carrel et al., 1982
	92 Kd	Mel-12	Carrel et al., 1982
	70 Kd	Me3-TB7	Carrel et al. 1982
	HMW MAA similar to 9.2.27 AG	225.28SD	Kantor et al., 1982
	HMW MAA similar to 9.2.27 AG	763.24TS	Kantor et al., 1982
	GP95 similar to 376.96S 465.12S	705F6	Stuhlmiller et al., 1982
	GP125	436910	Saxton et al., 1982
	CD41	M148	Imperial Cancer Research Technology Mab listing
<b>GASTROINTESTIN AL</b>			
	High M <sub>r</sub> mucin	ID3	Gangopadhyay et al., 1985
gall bladder, pancreas, stomach	High M <sub>r</sub> mucin	DU-PAN-2	Lan et al., 1985
pancreas	NS	OV-TL3	Poels et al., 1984
pancreas, stomach, oesophagus	'TAG-72' high M <sub>r</sub> mucin	B72.3	Thor et al., 1986
stomach	'CEA' 180 Kd GP	CEA 11-H5	Wagener et al., 1984
pancreas	HMFG-2 > 400 Kd GP	3.14.A3	Burchell et al., 1983
G.I.	NS	C COLI	Lemkin et al., 1984

Tumor Site	Antigen Identity/ Characteristics	Monoclonal Antibodies	Reference
pancreas, stomach	CA 19-9 (or GICA)	CA-19-9 (1116NS 19-9) and CA50	Szymendera, 1986
pancreas	CA125	GP OC125	Szymendera, 1986
LUNG			
non-small cell lung carcinoma	p185 <sup>HER2</sup>	4D5, 3H4, 7C2, 6E9, 2C4, 7F3, 2H11, 3E8, 5B8, 7D3, SB8	Shepard et al., 1991
	high M <sub>r</sub> mucin/ glycolipid	MO v2	Miotti et al., 1985
	'TAG-72' high M <sub>r</sub> mucin	B72.3	Thor et al., 1986
	high M <sub>r</sub> mucin	DU-PAN-2	Lan et al., 1985
	'CEA' 180 kD GP	CEA 11-H5	Wagener et al., 1984
Malignant Gliomas	cytoplasmic antigen from 85HG-22 cells	MUC 8-22	Stavrou, 1990
	cell surface Ag from 85HG-63 cells	MUC 2-63	Stavrou, 1990
	cell surface Ag from 85HG-63 cells	MUC 2-39	Stavrou, 1990
	cell surface Ag from 85HG-63 cells	MUC 7-39	Stavrou, 1990
MISCELLANEOUS			
	p53	PAb 240, PAb 246, PAb 1801	Imperial Cancer Research Technology MaB Listing
small round cell tumors	neural cell adhesion molecule	ERIC.1	Imperial Cancer Research Technology MaB Listing
medulloblastoma neuroblastoma rhabdomyosarcoma		M148	Imperial Cancer Research Technology MaB Listing
neuroblastoma		FMH25	Imperial Cancer Research Technology MaB Listing

<b>Tumor Site</b>	<b>Antigen Identity/ Characteristics</b>	<b>Monoclonal Antibodies</b>	<b>Reference</b>
renal cancer & glioblastomas	p155	6.1	Loop et al., 1981
Bladder & laryngeal cancers	"Ca Antigen"350- 390 kD	CA1	Ashall et al., 1982
neuroblastoma	GD2	3F8	Cheung et al., 1986
Prostate	gp48 48 kD GP	4F <sub>7</sub> /7A <sub>10</sub>	Bhattacharya et al., 1984
Prostate	60 kD GP	2C <sub>8</sub> /2F <sub>7</sub>	Bhattacharya et al., 1985
Thyroid	`CEA` 180 kD GP	CEA 11-H5	Wagener et al., 1984

abbreviations: Abs, antibodies; Ags, antigens; EGF, epidermal growth factor; GI, gastrointestinal; GICA, gastrointestinal-associated antigen; GP, glycoprotein; GY, gynecological; HMFG, human milk fat globule; Kd, kilodaltons; Mabs, monoclonal antibodies; M<sub>r</sub>, molecular weight; NS, not specified; PLAP, placental alkaline phosphatase; TAG, tumor-associated glycoprotein; CEA, carcinoembryonic antigen. Note: the CA 199 Ag (GICA) is sialosylfucosyllactotetraosylceramide, also termed sialylated Lewis pentaglycosyl ceramide or sialylated lacto N-fucopentaose II; p97 Ags are believed to be chondroitin sulphate proteoglycan; antigens reactive with Mab 9.2.27 are believed to be sialylated glycoproteins associated with chondroitin sulphate proteoglycan; unless specified, GY can include cancers of the cervix, endocervix, endometrium, fallopian tube, ovary, vagina or mixed Mullerian tumor; unless specified GI can include cancers of the liver, small intestine, spleen, pancreas, stomach and oesophagus.

In one embodiment, the Selective Binding Domain is an inhibitor of prostate specific membrane antigen (PSMA) or folate glutamate hydrolase. Prostate specific membrane antigen (PSMA) is a signal marker for prostate that is over-expressed in prostate carcinoma, especially in advanced tumors. The PSMA protein is a glutamyl preferring carboxypeptidase that can release glutamate with either gamma or alpha linkages. New data indicates that PSMA is selectively expressed and apparently present on the endothelial surface of tumor microvasculature.

According to the invention, endothelial-like tumor cells that express PSMA can undergo a novel differentiation process termed "vasculogenic mimicry." Such vasculogenic mimicry occurs when such endothelial-like tumor cells form vessels within solid prostate tumors. These tumor vessels connect with the normal circulatory system and may provide

blood nutrients and oxygen to the interior of solid tumors. Therefore, according to the invention, proteins that are expressed on endothelial-like solid tumor cells can serve as recognition sites or targets for the Selective Tissue Vascular Thrombogens of the invention.

PSMA is one such target for the Selective Tissue Vascular Thrombogens of the invention. According to the invention, any molecule that can bind to PSMA can be used as a Selective Binding Domain for a Selective Tissue Vascular Thrombogen that can be used to treat prostate tumors. Selective Binding Domains that can be used to target PSMA include PSMA inhibitors and modified substrates, for example, the dipeptide Asp- $\beta$  linked-Glu (D $\beta$ E), and N-succinyl-glutamic acid. The Asp- $\beta$  linked-Glu dipeptide is a suicidal inhibitor of the PSMA protease. According to the invention, a Asp- $\beta$  linked-Glu-biotin:avidin-Tissue Factor:VIIa thrombogen complex induces tumor infarction in PSMA expressing prostate tumors without harming the animal.

In another embodiment, inhibitors of N-Acetylated  $\alpha$ -Linked Acidic Dipeptidase (NAALADase) are used as the Selective Binding Domain to deliver the thrombogen to the selected target. Examples of such NAALADase inhibitors include phosphonate moieties, such as 2-(phosphonomethyl)pentanedioic acid. Further examples include the following:

- 2-Methylhydroxyphosphinyl oxypentanedioic acid;
- 2-Ethylhydroxyphosphinyl oxypentanedioic acid;
- 2-Propylhydroxyphosphinyl oxypentanedioic acid;
- 2-Butylhydroxyphosphinyl oxypentanedioic acid;
- 2-Phenylhydroxyphosphinyl oxypentanedioic acid;
- 2-(Phenylmethyl)hydroxyphosphinyl oxypentanedioic acid;
- (2-Phenylethyl)methylhydroxyphosphinyl oxypentanedioic acid.

Another group of NAALADase enzyme inhibitors that can be used to deliver the present thrombogen contain phosphoramidates and related groups, for example:

- Methylhydroxyphosphinyl glutamic acid;
- Ethylhydroxyphosphinyl glutamic acid;
- Propylhydroxyphosphinyl glutamic acid;
- Butylhydroxyphosphinyl glutamic acid;
- Phenylhydroxyphosphinyl glutamic acid;
- (Phenylmethyl)hydroxyphosphinyl glutamic acid;
- ((2-Phenylethyl)methyl)hydroxyphosphinyl glutamic acid; and
- Methyl-N->Phenylhydroxyphosphinyl glutamic acid.

Another group of NAALADase enzyme inhibitors that can be used to deliver thrombogens have a phosphinic acid group. Such inhibitors contain any one of the following moieties:

2-methylhydroxyphosphinyl methylpentanedioic acid;  
2-ethylhydroxyphosphinyl methylpentanedioic acid;  
2-propylhydroxyphosphinyl methylpentanedioic acid;  
2-butylhydroxyphosphinyl methylpentanedioic acid;  
2-cyclohexylhydroxyphosphinyl methylpentanedioic acid;  
2-phenylhydroxyphosphinyl methylpentanedioic acid;  
2-(phenylmethyl) hydroxyphosphinyl methylpentanedioic acid;  
2-((2-phenylethyl)methyl)hydroxyphosphinyl methylpentanedioic acid;  
2-((3-phenylpropyl)methyl)hydroxyphosphinyl methylpentanedioic acid;  
2-((3-phenylbutyl)methyl)hydroxyphosphinyl methylpentanedioic acid;  
2-((2-phenylbutyl)methyl)hydroxyphosphinyl methylpentanedioic acid;  
2-(4-phenylbutyl) hydroxyphosphinyl methylpentanedioic acid;  
2-(aminomethyl) hydroxyphosphinyl methylpentanedioic acid.

Certain sulfoxide and sulfone derivatives also act as inhibitors of NAALADase enzymes and can be used to deliver the thrombogen of the invention. Such inhibitors contain any one of the following moieties:

2-(sulfinyl)methylpentanedioic acid;  
2-(methylsulfinyl)methylpentanedioic acid;  
2-(ethylsulfinyl)methylpentanedioic acid;  
2-(propylsulfinyl)methylpentanedioic acid;  
2-(butylsulfinyl)methylpentanedioic acid;  
2-(phenylsulfinyl) methylpentanedioic acid;  
2-(2-phenylethyl)sulfinyl methylpentanedioic acid;  
2-(3-phenylpropyl)sulfinyl methylpentanedioic acid;  
2-(4-pyridyl)sulfinyl methylpentanedioic acid; and  
2-(benzylsulfinyl)methylpentanedioic acid.  
2-(sulfonyl)methylpentanedioic acid;  
2-(methylsulfonyl)methylpentanedioic acid;  
2-(ethylsulfonyl)methylpentanedioic acid;  
2-(propylsulfonyl)methylpentanedioic acid;  
2-(butylsulfonyl)methylpentanedioic acid;

2-(phenylsulfonyl)methylpentanedioic acid;  
2-(2-phenylethyl)sulfonyl methylpentanedioic acid;  
2-(3-phenylpropyl)sulfonyl methylpentanedioic acid;  
2-(4-pyridyl)sulfonylmethylpentanedioic acid; and  
2-(N-hydroxy)carbamoyl methylpentanedioic acid;

Yet another group of NAALADase inhibitors contain hydroxamic acid moieties.

Examples of such moieties include the following.

2-(N-hydroxy-N-methyl)carbamoyl methylpentanedioic acid;  
2-(N-butyl-N-hydroxy)carbamoyl methylpentanedioic acid;  
2-(N-benzyl-N-hydroxy)carbamoyl methylpentanedioic acid;  
2-(N-hydroxy-N-phenyl)carbamoyl methylpentanedioic acid;  
2-(N-hydroxy-N-2-phenylethyl) carbamoylmethylpentanedioic acid;  
2-(N-ethyl-N-hydroxy)carbamoyl methylpentanedioic acid;  
2-(N-hydroxy-N-propyl)carbamoylmethylpentanedioic acid;  
2-(N-hydroxy-N-3-phenylpropyl)carbamoyl methylpentanedioic acid; and  
2-(N-hydroxy-N-4-pyridyl)carbamoyl methylpentanedioic acid  
2-(benzylsulfonyl)methylpentanedioic acid.

One of skill in the art can readily prepare and integrate these types of moieties and inhibitor molecules into the Selective Tissue Vascular Thrombogens of the invention with one or more Tissue Factor polypeptides using available procedures. See, e.g., U.S. patents 5,795,877; 5,863,536; 5,902,817; 5,968,915; and 5,880,112.

Another Selective Binding domain contemplated by the invention is a peptide or polypeptide containing an Arg-Gly-Asp (RGD) tripeptide sequence. Any RGD-containing Selective Binding Domain that can bind to an integrin is contemplated by the invention. A number of integrins exist and, according to the invention, such integrin subtypes will all support the coagulative activity of a Tissue Factor:RGD Selective Binding Domain construct. For example, VLA is the major integrin expressed on the CHO cell surface, and the Alpha V beta III integrins are reported to be expressed on angiogenic tumor vessels. Inhibition of alpha V beta III integrin with LM609 antibody was shown to inhibit angiogenesis and tumor growth (Brooks, Montgomery et al. 1994). According to the invention, RGD Selective Binding Domain:Tissue Factor constructs can be used to occlude blood vessels within integrin-expressing tumors.

One type of RGD bearing Selective Binding Domain useful in the invention can be derived from the extra-cellular matrix glycoprotein fibronectin. Fibronectin contains a number of domains that mediate its association with integrin molecules. One region of fibronectin that mediates its interaction with integrin is the Central Cell Binding Domain (CCBD). This region contains a number of homologous repeating polypeptide modules termed Fibronectin Type III Repeats, each being about 90 amino acids residues long. An RGD sequence, located in the tenth Fibronectin type III repeat, is a key recognition site for several different integrins, including the Alpha5beta1 integrin family.

According to the invention, synthetic peptides having the RGD sequence and the Fibronectin type III repeat domains 8-11 are a useful Selective Binding Domains that can successfully confer coagulative properties to the surface of the cells that are otherwise inactive. Alternatively, one may use only the fibronectin 10<sup>th</sup> type III repeat domain.

In one embodiment, the Selective Binding Domain is selected from human fibronectin, having, for example, SEQ ID NO:8.

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1 MVQPQSPVAV SQSKPGCYDN GKHYQINQQW ERTYLGNALV
41 CTCYGGSRGF NCEKPEAEE TCFDKYTGNT YRVGDTYERP
81 KDSMIWDCTC IGAGRGRISC TIANRCHEGG QSYKIGDTWR
121 RPHETGGYML ECVCLGNGKG EWTCKPIAEK CFDHAAGTSY
161 VVGETWEKPY QGWMVVDCTC LGEGSGRITC TSRNRCNDQD
201 TRTSYRIGDT WSKKDNRGNL LQCICTGNGR GEWK CERHTS 5
241 VQT'TSSGSGP FTDVRAAVYQ PQPHPQPPPY GHCVTD SGV
281 YSVG MQWLKT QGNKQMLCTC LGNGVSCQET AVTQTYGGNS
321 NGEP CVLPFT YNGRTFYSCT TEGRQD GHLW CSTTSN YEQD
361 QKYSFCTDHT VLVQTRGGNS NGALCHFPFL YNNHNYTDCT
401 SEGR RDNMKW CGTTQNYDAD QKFGFCPMAA HEEICTTNEG
441 VMYRIGDQWD KQHDMGHMMR CTCVGNGRGE WTCIAYSQ LR
481 DQCIVDDITY NVNDTFHKRH BEGHMLNCTC FGQGRGRWKC
521 DPVDQCQDSE TGTfYQIGDS WEKYVHGVR Y QCYCYGRGIG
561 EWHCQPLQTY PSSSGPVEVF ITETPSQPNS HPIQWNAPQP
601 SHISKYILRW RPKNSVGRWK EATIPGHLNS YTIKGLKPGV
641 VYEGQLISIQ QYGHQEVTRF DFTTTSTSTP VTSNTVTGET
681 TPFSPLVATS ESVTEITASS FVVSWSASD TVSGFRVEYE
721 LSEEGDEPQY LDLPSTATSV NIPDLLPGRK YIVNVYQISE

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761 DGEQSLILST SQTAPDAPP DTTVDQVDDT SIVVRWSRPQ  
801 APITGYRIVY SPSVEGSSTE LNLPETANSV TLSDLQPGVQ  
841 YNITIYAVEE NQESTPVVIQ QETTGTPRSD TVPSPRDLQF  
881 VEVTDVKVTI MWTPPESAVT GYRVDVIPVN LPGEHGQRLP  
921 ISRNTFAEVT GLSPGVTTYF KVFAVSHGRE SKPLTAQOTT  
961 KLDAPTNLQF VNETDSTVLV RWTTPRAQIT GYRLTVGLTR  
1001 RGQPRQYNVG PSVSKYPLRN LQPASEYTVS LVAIKGNQES  
1041 PKATGVFTTL QPGSSIPPYN TEVTETTIVI TWTAPRIGF  
1081 KLGVRPSQGG EAPREVTSDS GSIVVSGLTP GVEYVYTIQV  
1121 LRDGQERDAP IVNKVVTPLS PPTNLHLEAN PDTGVLTVSW  
1161 ERSTTPDITG YRITTTPTNG QQGNSLEEVV HADQSSCTFD  
1201 NLSPGLEYNV SVYTVKDDKE SVPISDTIIP AVPPPTDLRF  
1241 TNIGPDTMRV TWAPPPSIDL TNFLVRYSPV KNEEDVAELS  
1281 ISPSDNAVVL TNLLPGTEYV VSVSSVYEQH ESTPLRGRQK  
1321 TGLDSPTGID FSDITANSFT VHWIAPRATI TGYRIRHHPE  
1361 HFSGRPREDR VPHSRNSITL TNLTPGTEYV VSIVALNGRE  
1401 ESPLLIGQQS TVSDVPRDLE VVAATPTSLL ISWDAPAVTV  
1441 RYYRITYGET GGNSPVQEFT VPGSKSTATI SGLKPGVDYT  
1481 ITVYAVTGRG DSPASSKPIS INYRTEIDKP SQMQVTDVQD  
1521 NSISVKWLPS SSPVTGYRVT TTPKNGPGPT KTKTAGPDQT  
1561 EMTIEGLQPT VEYVVSVYQA NPSGESQPLV QTAVTNIDRP  
1601 KGLAFTDVDV DSIKIAWESP QGQVSRYRVT YSSPEDGIHE  
1641 LFPAPDGEED TAELOGLRPG SEYTVSVVAL HDDMESQPLI  
1681 GTQSTAIPAP TDLKFTQVTP TSLSAQWTPP NVQLTGYRVR  
1721 VTPKEKTGPM KEINLAPDSS SVVVSGLMVA TKYEVSVYAL  
1761 KDTLTSRPAQ GVVTTLENVS PRRARVTD A TETTITISWR  
1801 TKTETITGFQ VDAVPANGQT PIQRTIKPDV RSYTITGLQP  
1841 GTDYKIYLYT LNDNARSSPV VIDASTAIDA PSNLRFLATT  
1881 PNSLLVSWQP PRARITGYII KYEKP GSPPR EVVPRPRPGV  
1921 TEATITGLEP GTEYTIYVIA LKNNQKSEPL IGRKKTDELP  
1961 QLVTLPHPNL HGPEILDVPS TVQKTPFVTH PGYDTGNGIQ  
2001 LPGTSGQQPS VGQOMIFEEH GFRRTTPPTT ATPIRHRPRP  
2041 YPPNVGQEAL SOTTISWAPF QDTSEYIISC HPVGTDEEPL  
2081 QFRVPGTSTS ATLTGLTRGA TYNVIVEALK DQQRHKVREE  
2121 VVTVGNSVNE GLNQPTDDSC FDPYTVSHYA VGDEWERMSE  
2161 SGFKLLCQCL GFGSGHFRCD SSRWCHDNGV NYKIGEKWDR



2201 QGENGQMMSC TCLGNGKGEF KCDPHEATCY DDGKTYHVGE  
2241 QWQKEYLGAI CSCTCFGQR GWRCNCRRP GGEPSPEGTT  
2281 GQSYNQYSQR YHQRNTNVN CPIECFMPLD VQADREDSRE

The selected Selective Binding Domain can be fused, attached or associated with a Tissue Factor polypeptide to generate The Selective Tissue Vascular Thrombogen by any available procedure. For example, the Tissue Factor extracellular domain (e.g., SEQ ID NO:3, 4, 5 or 6) can be made by known procedures. Such a Tissue Factor polypeptide can be modified to contain a convenient attachment site or moiety at any location that does not substantially interfere with initiation of thrombosis. One convenient attachment site is the N-terminus of the Tissue Factor polypeptide.

In one embodiment, the Selective Binding Domain is fused to the Tissue Factor polypeptide by use of recombinant technology. One of skill in the art can readily employ known cloning procedures to fuse a nucleic acid encoding the desired Selective Binding Domain to a nucleic acid encoding a Tissue Factor polypeptide. See, e.g., Sambrook et al., *Molecular Cloning, A Laboratory Manual*, Cold Spring Harbor Laboratory, N.Y., 1989; Sambrook et al., *Molecular Cloning, A Laboratory Manual*, Cold Spring Harbor Laboratory, N.Y., 2001.

The selected Selective Binding Domain can also be attached or associated to a Tissue Factor polypeptide by formation of covalent or non-covalent bonds. Such attachment or association can be done directly or indirectly to the N-terminus, or other convenient site, on the Tissue Factor polypeptide. For example, an indirect attachment or association can be achieved via a convenient reactive moiety or through a flexible linker to facilitate formation of the Selective Tissue Vascular Thrombogen and/or to promote proper association between the Tissue Factor polypeptide and the cellular membrane to which it will associate. Use of such a linker to achieve optimal integration and functioning of the domains within the Selective Tissue Vascular Thrombogen is at the discretion of one of skill in the art, who can readily ascertain whether membrane association by the Tissue Factor-Selective Binding Domain protein is improved by use of a linker.

By way of example, attachment of a Selective Binding Domain can be at the N-terminus of a Tissue Factor polypeptide that has been modified to contain a reactive moiety, for example a cysteine, at the N-terminus. A cysteine can be attached to the N-terminus of Tissue Factor, for example, by attaching a peptide containing poly His tag and a processing protease (FXa) cleavage site followed by a cysteine (MXXX-HHHHHH-XXXX-IEGR-C, SEQ

ID NO:18) to the N-terminus of Tissue Factor (SEQ ID NO:6). Factor Xa digestion cleaves off the majority of this peptide but leaves a cysteine at the N-terminus of the Tissue Factor polypeptide. This Cys-Tissue Factor polypeptide can then be attached to a desired Selective Binding Domain by available protein ligation reactions (see, e.g., Erlanson, Chytil et al. 1996).

A Selective Binding Domain comprising a compound, peptide or polypeptide can therefore be linked to the N-terminus of the Tissue Factor extracellular domain (SEQ ID NO:3, 4, 5 or 6) through a disulfide bond. Alternatively, such a Selective Binding Domain can be linked to a lysine containing linker and then attached to a Cys-Tissue Factor polypeptide by a thiazolidine ring formed by reaction the cysteine and the lysine (see, e.g., Zhang, Torgerson et al. 1998). One such lysine containing linker is KSGGG (SEQ ID NO:19). In one embodiment, the D- $\beta$ -E dipeptide is attached to the C-terminal glycine of SEQ ID NO:19 and this seven-amino acid peptide is linked to an N-terminal cysteine of a Tissue Factor polypeptide via a thiazolidine ring formed by reaction the cysteine and the lysine.

In another embodiment, a biotin and streptavidin can be used to associate a Selective Binding Domain with a Tissue Factor polypeptide. Because the binding of biotin to streptavidin is so stable, there is no need for covalent linkage. Instead, biotin can be linked to a Selective Binding Domain and Streptavidin can be linked to a selected Tissue Factor polypeptide. The two preparations can be incubated together to form a Selective Binding Domain-biotin:streptavidin-Tissue Factor complex that is a functional Selective Tissue Vascular Thrombogen. Of course, one of skill in the art can, alternatively, link streptavidin to a Selective Binding Domain and biotin to a Tissue Factor polypeptide to achieve a similar complex.

One such biotin:streptavidin Selective Tissue Vascular Thrombogen was made and tested for thrombogenic activity. This complex had a biotinylated PSMA inhibitor, Asp- $\beta$ -linked-L-Glutamate (D $\beta$ E), as a Selective Binding Domain. A streptavidin moiety was N-terminally attached to the extracellular domain of Tissue Factor (SEQ ID NO:5). After incubation of the two domains a D $\beta$ E -biotin:streptavidin-Tissue Factor complex was formed. Injection of this complex into animals leads to extensive thrombosis and necrosis of tumors within the animals.

Before use as a therapeutic agent, the Selective Tissue Vascular Thrombogens can be mixed with Factor VIIa under conditions permitting formation of the functional Selective Tissue Vascular Thrombogen:Factor VIIa thrombogenic complex.

### Specific Selective Tissue Vascular Thrombogens

In one embodiment, the Selective Tissue Vascular Thrombogen has a Selective Binding Domain that is an integrin binding site comprising the Fibronectin type III repeat domains 8-11 from human fibronectin. One example of this type of Selective Tissue Vascular Thrombogen has SEQ ID NO:9:

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1  MRGSHHHHHH  GSGSSTPPPT  DLRFTNIGPD  TMRVTWAPPP
41  SIDLTNFLVR  YSPVKNEEDV  AELSISPSDN  AVVLTNLLPG
81  TEYVVSVSSV  YEQHESTPLR  GRQKTGLDSP  TGIDFSDITA
121 NSFTVHWIAP  RATITGYRIR  HHPEHFSGRP  REDRVPHSRN
161 SITLTNLTPG  TEYVVSIVAL  NGREESPLLI  GQQSTVSDVP
201 RDLEVVAATP  TSLLIWDAP  AVTVRYRIT  YGETGGNSPV
241 QEFTVPGSKS  TATISGLKPG  VDYTITVYAV  TGRGDSPASS
281 KPISINYRTE  IDKPSQMQVT  DVQDNSISVK  WLPSSSPVTG
321 YRVTTTPKNG  PGPTKTKTAG  PDQTEMTIEG  LQPTVEYVVS
361 VYAQNPSGES  QPLVQTAVTS  SSGTTNTVAA  YNLTWKSTNF
401 K TILEWEPKP  VNQVYTVQIS  TKSGDWKSKC  FYTTDTECDL
441 TDEIVKDVKQ  TYLARVFSYP  AGNVESTGSA  GEPLYENSPE
481 FTPYLETNLG  QPTIQSFEQV  GTKVNVTVED  ERTLVRNNT
521 FLSLRDVFGK  DLIYTLYYWK  SSSSGKKTAK  TNTNEFLIDV
561 DKGENYCFSV  QAVIPSRTVN  RKSTDSPVEC  MGQEKGEFR

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In another embodiment, the Selective Tissue Vascular Thrombogen has a Selective Binding Domain that is an integrin binding site from the Fibronectin 10<sup>th</sup> type III repeat domain of human fibronectin fused to an extracellular domain of Tissue Factor. An example of this type of Selective Tissue Vascular Thrombogen has SEQ ID NO:10:

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1  MRGSHHHHHH  GSGSSTVSDV  PRDLEVVAAT  PTSLLISWDA
41  PAVTVRYRRI  TYGETGGNSP  VQEFTVPGSK  STATISGLKP
81  GVDYTITVYA  VTGRGDSPAS  SKPISINYRT  SSSGTTNTVA
121 AYNLTWKSTN  FK TILEWEPK  PVNQVYTVQI  STKSGDWKSK
161 CFYTTDTECD  LTDEIVKDVK  QTYLARVFSY  PAGNVESTGS
201 AGEPLYENSP  EFTPYLETNL  GQPTIQSFEQ  VGTKVNVIVE
241 DERTLVRNNT  TFLSLRDVFG  KDLIYTLYYW  KSSSSGKKTAK

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281 KTNTNEFLID VDKGENYCFS VQAVIPSRTV NRKSTDSPVE

321 CMGQEKGEFR

### Methods of Use and Use

The invention provides a method of treating a solid tumor in an animal that includes administering a therapeutically effective amount of a Selective Tissue Vascular Thrombogen of the invention to the animal. Such a Selective Tissue Vascular Thrombogen has at least one Selective Binding Domain associated with one or more thrombogenically active Tissue Factor polypeptides.

The invention also relates to the use of a therapeutically effective amount of a Selective Tissue Vascular Thrombogen comprising a Selective Binding Domain associated with a Tissue Factor polypeptide, wherein the Selective Binding Domain can bind to a channel for blood within a tumor and the Tissue Factor polypeptide can initiate thrombosis within the channel, for the manufacture of a medicament for treating a solid tumor. Preferably the invention relates to the use of a therapeutically effective amount of a Selective Tissue Vascular Thrombogen as described herein, for treating a solid tumor or for the manufacture of a medicament for treating a solid tumor. In another embodiment, this invention concerns the use of a therapeutic composition as described herein, for treating a solid tumor or for the manufacture of a medicament for treating a solid tumor. The preferred embodiments for the herein described methods, Selective Tissue Vascular Thrombogens, compositions and combinations apply as well for the uses.

The term "therapeutically effective amount" as used herein means an amount effective for the curative treatment and prophylactic treatment of solid tumors.

The term "curative" as used herein means efficacy in treating tumors or for the delay of progression of tumors.

The term "prophylactic" means the prevention of the onset or recurrence of tumors.

The term "delay of progression" as used herein means administration of the combination to patients being in a pre-stage or in an early phase of the disease to be treated, in which patients for example a pre-form of the corresponding disease is diagnosed or which patients are in a condition, e.g. during a medical treatment or a condition resulting from an accident, under which it is likely that a corresponding disease will develop.

Additional domains can be added to achieve optimized localization and/or thrombogenic activity. As described above, the Selective Binding Domain can selectively bind to a blood channel within a tumor and the Tissue Factor Domain can induce localized thrombin

production and thrombosis within the blood channel. According to the invention, such thrombosis results in tumor infarction and necrosis. In a preferred embodiment, the Selective Tissue Vascular Thrombogen, and compositions of the invention are administered intravenously in solution or, alternatively, in liposomes.

In another embodiment, the invention provides uses or methods of inhibiting tumor vascularization by administering PSMA inhibitors. According to the invention, PSMA can influence vascularization of prostate tumors. Moreover, inhibitors of PSMA activity can exert a cytotoxic effect on prostate tumor cells that express PSMA. PSMA inhibitors can also have a synergistically beneficial effect when administered with other chemotherapeutic agents and with the Selective Tissue Vascular Thrombogens of the invention.

The balance between gamma-glutamate hydrolase and synthase activity is known to effect cancer cell susceptibility to anti-folate chemotherapy. Over-expression of gamma glutamyl hydroxylase activity, which is an activity of PSMA, can promote to cancer cell resistance to anti-folate drugs (Rhee, Wang et al. 1993). Methotrexate is the most widely used anti-folate for clinical cancer chemotherapy; its own retention in cell is also dependent on polyglutamation. PSMA can remove glutamate from folic acid and other cellular components. Prostate cancers are notoriously resistant to chemotherapy, possibly because PSMA is over-expressed in prostate tumor cells.

However, according to the invention, PSMA inhibitors have a synergistic effect on reducing cancer cell growth when combined with anti-folate chemotherapeutic agents and PSMA inhibition can enhance the sensitivity of prostate cancer to anti-folate drugs. Accordingly, PSMA inhibitors can be administered with other chemotherapeutic agent such as an anti-folate drug used to treat prostate cancer. Such anti-folate drugs include those listed herein (Table 3). PSMA inhibitors include any inhibitor available to one of skill in the art that inhibits the activity of PSMA, for example, any inhibitor of the gamma glutamyl hydrolase activity of PSMA. PSMA inhibitors contemplated by the invention include listed herein, especially, the Asp- $\beta$  linked-Glu dipeptide, N-succinyl-glutamic acid, quisqualic acid (Sigma), 2-(phosphonomethyl)pentanedioic acid and related compounds. Quisqualic acid is a non-competitive inhibitor of NAALADase activity with  $K_i = 1.9 \text{ uM}$ , and D- $\beta$ -E is a competitive inhibitor with  $K_i = 0.7 \text{ uM}$ . PSMA enzymatic activity can substantially reduced with such inhibitors.

Any solid tumor can be treated by the present methods or uses. For example, the solid tumor can be any of the tumors or carcinomas listed herein. Examples of tumors and carcinomas contemplated include lung, breast, ovary, stomach, pancreas, larynx,

esophagus, testes, liver, parotid, biliary tract, colon, rectum, cervix, uterus, endometrial, kidney, bladder, prostate, thyroid, squamous cell carcinoma, adenocarcinoma, small cell carcinoma, melanoma, glioma, or neuroblastoma tumor. In one embodiment the tumor is a prostate tumor.

Any chemotherapeutic agent known to one of skill in the art can also be administered in conjunction with the PSMA inhibitors and Selective Tissue Vascular Thrombogens of the invention. According to the invention, combinations of therapeutic agents that include the present Selective Tissue Vascular Thrombogens can act synergistically to provide enhanced tumor necrosis. Chemotherapeutic agents that can be co-administered with these Thrombogens and inhibitors of the invention include, for example, methotrexate, doxorubicin, paclitaxil, carboplatin and the like. Further examples of chemotherapeutic agent that can be administered with the Selective Tissue Vascular Thrombogens of the invention are provided in Table 3.

**Table 3: Chemotherapeutic Agents**

<b>Chemotherapeutic Agent</b>	<b>Median Dosage</b>
Aldesleukin	22 million units
Asparaginase	10,000 units
Bleomycin Sulfate	15 units
Carboplatin	50-450 mg
Carmustine	100 mg
Cisplatin	10-50 mg
Cladribine	10 mg
Cyclophosphamide (lyophilized)	100 mg-2 gm
Cyclophosphamide (non-lyophilized)	100 mg-2 gm
Cytarabine (lyophilized powder)	100 mg-2 gm
Dacarbazine	100 mg-200 mg
Dactinomycin	0.5 mg
Daunorubicin	20 mg
Diethylstilbestrol	250 mg
Doxorubicin	10-150 mg
Epoetin Alfa	2,000-10,000 units

<b>Chemotherapeutic Agent</b>	<b>Median Dosage</b>
Etidronate	300 mg
Etoposide	100 mg
Filgrastim	300-480 mcgm
Floxuridine	500 mg
Fludarabine Phosphate	50 mg
Fluorouracil	500 mg-5 gm
Goserelin	3.6 mg
Granisetron Hydrochloride	1 mg
Idarubicin	5-10 mg
Ifosfamide	1-3 gm
Immune Globulin	500 mg-10 gm
Interferon Alpha-2a	3-36 million units
Interferon Alpha-2b	3-50 million units
Leucovorin Calcium	50-350 mg
Leuprolide	3.75-7.5 mg
Levamisole	50 mg
Mechiorethamine	10 mg
Medroxyprogesterone	1 gm
Melphalan	50 gm
Methotrexate	20 mg-1 gm
Mitomycin	5-40 mg
Mitoxantrone	20-30 mg
Octreotide	1,000-5,000 mcgm
Ondansetron Hydrochloride	40 mg
Paclitaxel	30 mg
Pamidronate Disodium	30- *90 mg
Pegaspargase	750 units
Plicamycin	2,500 mcgm
Sargramostim	250-500 mcgm
Streptozocin	1 gm

Chemotherapeutic Agent	Median Dosage
Thiotepa	15 mg
Teniposide	50 mg
Vinblastine	10 mg
Vincristine	1-5 mg

The activity and pharmacological effects of the Selective Tissue Vascular Thrombogens and inhibitors of the invention can be characterized using any method available to one of skill in the art. In one embodiment, these Selective Tissue Vascular Thrombogens and inhibitors can be tested *in vivo* using prostate cancer model animals, for example, in Lucap58, Mat Lu and LnCaP tumors. Therapeutic regimens and dosages can also be optimized by observing the degree of *in vivo* infarction of Lucap58, Mat Lu and LnCaP tumors after administration of compositions contained the present Selective Tissue Vascular Thrombogens and/or inhibitors. Inhibition of tumor growth can also be used to determine ED<sub>50</sub> (median effective dose) of the Selective Tissue Vascular Thrombogens and PSMA inhibitors. The activity and pharmacological effects of the Selective Tissue Vascular Thrombogens and inhibitors of the invention can also be characterized *in vitro* using tumors and tumor cells in culture.

For example, compositions containing inhibitors and/or Selective Tissue Vascular Thrombogens can be analyzed for efficiency of induction of apoptosis, for example, by measuring apoptosis in prostate cancer cells and endothelial cells using a TUNEL assay (Boehringer Mannheim). The efficacy of the inhibitors can be determined using a colorimetric cell proliferation assay (Boehringer Mannheim), which is based on the cleavage of tetrazolium salt WST-1 by mitochondrial dehydrogenases in viable LnCap cells and other PSMA positive cells. PSMA inhibitors can further be characterized *in vitro* by enzymatic assay of PSMA gamma glutamyl hydrolase activity in the presence and absence of selected PSMA inhibitors. For example, the ability of an inhibitor to inhibit PSMA activity can be assessed using a (-glutamyl hydrolase assay with 4-NH<sub>2</sub>-10CH<sub>3</sub> PteGlu<sub>5</sub> as a substrate (O'Connor, Rotundo et al. 1991; Wang, Rotundo et al. 1993). The K<sub>i</sub> for inhibitors tested in this assay can be determined to serve as a reference point in determining the proper *in vitro* and *in vivo* dosages for that inhibitor.

Thus the invention relates furthermore to a combination of (a) a Selective Tissue Vascular Thrombogens as described herein and (b) at least one compound selected from a



Factor VII polypeptide, Factor VIIa polypeptide and a chemotherapeutic agent (defined hereafter as COMBINATION OF THE INVENTION). Preferably the COMBINATION OF THE INVENTION is a pharmaceutical preparation comprising (a) and (b) in combination together with a pharmaceutically acceptable carrier material or a product comprising (a) and (b) as defined above and optionally a pharmaceutically acceptable carrier material, for simultaneous, chronically staggered or separate use, or any combination thereof; a method of administering or the use of said combination or product for the treatment of a tumor; and/or to the use of said combination or product for the manufacture of a medicament for the treatment of a tumor.

It can be shown by established test models and in particular those test models described herein that a COMBINATION OF THE INVENTION results in a more effective delay of progression or treatment of tumors compared to the effects observed with the single combination partners. The person skilled in the pertinent art is fully enabled to select a relevant test model to prove the hereinbefore and hereinafter mentioned therapeutic indications and beneficial effects. The pharmacological activity of a COMBINATION OF THE INVENTION may, for example, be demonstrated in a clinical study or in a test procedure as essentially described hereinafter.

The COMBINATION OF THE INVENTION can be a combined pharmaceutical preparation or a pharmaceutical composition.

An especial embodiment of this invention is represented by a pharmaceutical composition comprising a quantity, which is jointly therapeutically effective against tumors comprising the COMBINATION OF THE INVENTION. In this composition, the combination partners (a) and (b) can be administered together, one after the other or separately in one combined unit dosage form or in two separate unit dosage forms. The unit dosage form may also be a fixed combination.

The pharmaceutical compositions for separate administration of the combination partners (a) and (b) and for the administration in a fixed combination, i.e. a single galenical compositions comprising at least two combination partners (a) and (b) (active ingredients), according to the invention can be prepared in a manner known per se and are those suitable for enteral, such as oral or rectal, and parenteral administration to mammals (warm-blooded animals), including man, comprising a therapeutically effective amount of at least one pharmacologically active combination partner alone or in combination with one or more pharmaceutically acceptable carries, especially suitable for enteral or parenteral application.

In particular, a therapeutically effective amount of each of the combination partners of the COMBINATION OF THE INVENTION may be administered simultaneously or sequentially and in any order, and the components may be administered separately or as a fixed combination. For example, the method of delay of progression or treatment of tumors according to the invention may comprise (i) administration of the combination partner (a) in free or pharmaceutically acceptable salt form and (ii) administration of a combination partner (b) in free or pharmaceutically acceptable salt form, simultaneously or sequentially in any order, in jointly therapeutically effective amounts, preferably in synergistically effective amounts, e.g. in daily dosages corresponding to the amounts described herein. The individual combination partners of the COMBINATION OF THE INVENTION can be administered separately at different times during the course of therapy or concurrently in divided or single combination forms. Furthermore, the term administering also encompasses the use of a pro-drug of a combination partner that convert *in vivo* to the combination partner as such. The instant invention is therefore to be understood as embracing all such regimes of simultaneous or alternating treatment and the term administering is to be interpreted accordingly.

The effective dosage of each of the combination partners employed in the COMBINATION OF THE INVENTION may vary depending on the particular compound or pharmaceutical composition employed, the mode of administration, the condition being treated, the severity of the condition being treated. Thus, the dosage regimen the COMBINATION OF THE INVENTION is selected in accordance with a variety of factors including the route of administration and the renal and hepatic function of the patient. A physician, clinician or veterinarian of ordinary skill can readily determine and prescribe the effective amount of the single active ingredients required to prevent, counter or arrest the progress of the condition. Optimal precision in achieving concentration of the active ingredients within the range that yields efficacy without toxicity requires a regimen based on the kinetics of the active ingredients' availability to target sites.

### Compositions

The Selective Tissue Vascular Thrombogens and inhibitors of the invention can be formulated as pharmaceutical compositions and administered to a mammalian host, such as a human patient in a variety of forms adapted to the chosen route of administration. Preferred routes for administration include, for example, intravenous and intraarterial routes.

Solutions of the active constructs and inhibitors or their salts can be prepared in water or saline, and optionally mixed with a nontoxic surfactant. Formulations for intravenous or

intraarterial administration may include sterile aqueous solutions that may also contain buffers, liposomes, diluents and other suitable additives.

The pharmaceutical dosage forms suitable for injection or infusion can include sterile aqueous solutions or dispersions comprising the active ingredient that are adapted for administration by encapsulation in liposomes. In all cases, the ultimate dosage form must be sterile, fluid and stable under the conditions of manufacture and storage.

Sterile injectable solutions are prepared by incorporating the active constructs and inhibitors in the required amount in the appropriate solvent with various of the other ingredients enumerated above, as required, followed by filter sterilization.

Useful dosages of the constructs and inhibitors can be determined by comparing their *in vitro* activity, and *in vivo* activity in animal models. Methods for the extrapolation of effective dosages in mice, and other animals, to humans are known to the art; for example, see U.S. Pat. No. 4,938,949.

In general, a suitable dose will be in the range of from about 1 to about 2000 µg/kg, for example, from about 2.0 to about 1500 µg/kg of body weight per treatment. Preferred doses are in the range of about 3 to about 500 µg per kilogram body weight of the recipient per treatment, more preferably in the range of about 10 to about 300 µg/kg/treatment, most preferably in the range of about 20 to about 200 µg/kg/treatment.

The compound is conveniently administered in unit dosage form; for example, containing 5 to 1000 µg, conveniently 10 to 750 µg, most conveniently, 50 to 500 µg of active ingredient per unit dosage form.

Ideally, the active ingredient should be administered to achieve peak plasma concentrations of the active compound of from about 0.1 to about 10 nM, preferably, about 0.2 to 10 nM, most preferably, about 0.5 to about 5 nM. This may be achieved, for example, by the intravenous injection of a 0.05 to 25% solution of the active ingredient, optionally in saline. Desirable blood levels may be maintained by continuous infusion to provide about 0.01-10.0 µg/kg/hr or by intermittent infusions containing about 0.4-50 µg/kg of the active ingredient(s).

The desired dose may conveniently be presented in a single dose or as divided doses administered at appropriate intervals, for example, as two, three, four or more sub-doses per day. The sub-dose itself may be further divided, for example, into a number of discrete loosely spaced administrations; such as multiple intravenous doses. For example, it is desirable to administer the present compositions intravenously over an extended period, either by continuous infusion or in separate doses.

The ability of the constructs and inhibitors of the invention to act as thrombosis-inducing agents and tumor inhibitors may be determined using pharmacological models known to the art, or using tests described herein.

The invention will be further described by reference to the following detailed examples, which are given for illustration of the invention, and are not intended to be limiting thereof.

#### **EXAMPLE 1: Activation of coagulation by a Fibronectin-Tissue Factor**

##### **Selective Tissue Vascular Thrombogen**

In this example, a recombinant protein that contains the N-terminal, extracellular domain of Tissue Factor was fused to the integrin-binding domain of fibronectin type III repeat domains 8-11 (SEQ ID NO:9). As illustrated below, this Selective Tissue Vascular Thrombogen conferred coagulation activity to integrin-expressing cells that otherwise did not activate the coagulation cascade. These data showed that the coagulation cascade is efficiently activated by creation of a four domain protein incorporating the extracellular domain of Tissue Factor and the fibronectin type III repeat domains 8-11. This Selective Tissue Vascular Thrombogen became associated with the cellular membrane carrying an integrin polypeptide. According to the invention, this paradigm can be used to engineer Tissue Factor-based thrombogens that are capable of occluding the blood vessels in a tissue-selective and/or cell-selective manner.

##### **Construction of a Fibronectin-Tissue Factor fusion protein**

Fibronectin nucleic acids were obtained by PCR amplification from marathon-ready cDNA library of human placental origin (Clontech, Inc.) using vent DNA polymerase (New England Biolabs) and the following primers:

5' CACCAACAACCTTGCATCTGGAGGC 3' (SEQ ID NO:11) and

5' AACATTGGGTGGTGTCCACTGGGC 3' (SEQ ID NO:12)

After 35 cycles of 1 min 94°C, 1min 60°C, and 1 min 75°C, a 1445 bp fragment was purified. The 1445 fragment was used as template for another PCR amplification using the following primers:

5' ACCATCACGGATCCGGGGTCGTCGACACCTCC TCCCACTGACCTGCGA 3' (SEQ ID NO:13, the "FN5a primer") and

5' GGTACC GGAGGAGCTCGTTACCTGCAGTCTGAACCAGAGG 3' (SEQ ID NO:14). An 1131 bp fragment was obtained.

Tissue Factor nucleic acids were obtained by amplification from plasmid pTrcHisC-tTF (Stone et. al. 1995) using the following primers:

5' ACGAGCTCCTCCGGTACCACAAATACTGTGGGCAGC 3' (SEQ ID NO:15 and 5' TCTGCGTTCTGATTTAATCT 3' (SEQ ID NO:16, the "ptrc-seg" primer) to produce a 714 bp fragment.

The 1131 bp fragment and 714 bp fragment were combined and amplified as a fusion by PCR with the FN5a (SEQ ID NO:13) and ptrc-seg (SEQ ID NO:16) primers to yield a 1827 bp fragment. This 1827 fragment was digested with HindIII, partially digested with BamHI, and the resulting 1753 bp fragment was ligated into the BamHI and HindIII sites of the vector pTrcHisC (Invitrogen).

The resulting plasmid (FNTF2) encodes a protein fusion having SEQ ID NO:9 with a short His 6 Tag at the N-terminus, followed by fibronectin residues 1237 to 1603, a five-residue linker peptide, and Tissue Factor residues 3-218 at the C-terminus. Plasmid FNTF2 was transformed into the *E. coli* host BL21 (Stratagene) for protein production.

## Proteins

The soluble extracellular domain of Tissue Factor (SEQ ID NO:5, termed TF3-218) was expressed in *E. coli*, then purified and refolded as previously described (Stone, Ruf et al. 1995). Factor X was purified from plasma (Fair, Plow et al. 1979), followed by immunoaffinity chromatography with immobilized monoclonal antibody F21-4.2 to reduce VII contamination (Dickinson, Kelly et al. 1996). Factor VII was affinity purified with a calcium dependent antibody to the Gla domain and followed by a Mono-Q ion-exchange chromatography that is associated with spontaneous activation of VII to VIIa.

The fibronectin-Tissue Factor (Fn-TF) fusion protein was expressed in *E. coli* and refolded as follows. Briefly, BL21 bacteria were pelleted from cultures obtained 5 hours after IPTG induction. Bacteria were lysed using lysozyme digestion. Inclusion bodies were isolated using repeated sonication and centrifugation, then resuspended in Ni-NTA affinity purification buffer containing 6M guanidium chloride by sonication. The suspension was affinity purified using Ni-NTA column. Purified fractions were combined and DTT was added to final concentration of 50 mM at room temperature overnight to reduce disulfide bonds. Refolding of the protein was at 4°C for 4 days in buffer containing 50 mM Tris, 2M urea and a combination of oxidized glutathione (0.5mM) and reduced glutathione (2.5mM). The refolded soluble fraction was collected and cleaned with a round of size-exclusion chromatography. The purified fusion protein appears as a homogenous band of

approximately 96 kD on a silver staining gel (Figure 2A) that reacts positively with anti-Tissue Factor antibodies (Figure 2B) upon Western blot analysis.

The LD<sub>50</sub> (median lethal dose) of wild type soluble TF (SEQ ID NO:4) in 20 gm Balb/C mice is greater than 500 ug, while the LD<sub>50</sub> of the Fn-TF construct was about 8 ug.

#### **Western Blot Analysis**

The immunoreactivity of Tissue Factor was quantified by Western blot with an anti-human Tissue Factor (anti-huTF) antibody. Varying amounts of protein were electrophoretically separated and transferred to nitrocellulose membrane. Membranes were blocked with 5% non-fat milk in TBS. Primary antibody, at a concentration of 1 ug/ml, was incubated with the membranes for 1 hour at 37°C. An appropriate enzyme-linked secondary antibody was used to permit visualization of Tissue Factor bands using an enhanced chemiluminescence system (Amersham-Pharmacia). The intensity of the bands are quantified with scanning laser densitometry and compared to that of Tissue Factor standards of known concentration.

#### **Amidolytic Assay of bound Factor VIIa to Fn-TF or TF 1-218.**

The catalytic activity of Factor VIIa bound to Fn-TF for a peptidyl substrate was analyzed by hydrolysis of chromozym t-Pa (Boehringer Mannheim) and compared with that of the soluble TF 1-218. Varying concentrations TF1-218 or Fn-TF were incubated with Factor VIIa at a final concentration of 5nM in the presence of 5mM Ca<sup>++</sup> at ambient temperature for 15 minutes. Chromozym t-PA was added to a concentration of 1mM. The initial rate of hydrolysis was measured at 406nm with a kinetic micro-titer plate reader for 1 minute.

#### **Proteolytic Activity of Tissue Factor Constructs toward Factor X**

The proteolytic activities of both Fn-TF:Factor VIIa and TF1-218:Factor VIIa complexes toward Factor X were determined by a functional assay (Schullek, Ruf et al. 1994) using Spectrozyme Factor Xa to assess Factor Xa generation. Briefly, varying concentrations of Fn-TF and TF1-218 were pre-incubated with Factor VIIa (75nM) for 5 minutes at 37°C in the presence of 5mM CaCl<sub>2</sub>. The reaction was initiated by addition of substrate Factor X (1.5uM). After incubation for 10 minutes at 37°C, the reaction was terminated by adding EDTA to a concentration of 0.1M. The amount of Factor Xa generated was determined by measuring Factor Xa amidolytic activity using 50mM of the chromogenic

substrate Spectrozyme Fxa (American Diagnostica, Greenwich, CT). The rate of absorbance increase at 405nm was measured in a kinetic micro-titer plate reader.

### **Coagulation Assay**

Coagulation assays were performed using an established procedure with some modifications to include a step for binding Tissue Factor constructs to cells. Platelet depleted, citrated human plasma pooled from multiple donors was used for these experiments. Cells are dislodged with trypsin free cell dissociation buffer (Gibco), and washed twice with TBS. Cells were then counted with cytometer. Only cells with viability greater than 90% were used for the assay. Varying concentrations of thrombogen were incubated with 105 cells in 100 ul TBS containing  $\text{Ca}^{++}$  10mM and  $\text{Mg}^{++}$  5mM for 15 minutes at 37°C. The assays were initiated by addition of 100ul of pooled citrated plasma pre-warmed to 37 °C. Clotting times were recorded as the interval between assay initiation and clot appearance.

### **Model Ternary Structure of Tissue Factor Constructs with Factor VIIa:Factor X**

The model of ternary structure is based on the crystal structure of TF and Factor VIIA (Banner, D'Arcy et al. 1996). A Gla deleted Factor X structure (Padmanabhan et al. 1993) is the primary source for the Factor X model docked onto the Tissue Factor:VIIa complex using the InsightII program docking module.

## **Results**

### **Production of a Fibronectin-Tissue Factor Fusion Protein**

Two fibronectin-TF fusion proteins were created by recombinant methods described above to test the feasibility of localizing the thrombogenic activity of Tissue Factor selectively to the cell surface of integrin-expressing cells. The human fibronectin sequence that encodes type II repeats 8 through 11 was amplified by PCR and fused to sequences encoding the extracellular segment of TF residues 3-218 to generate a protein with SEQ ID NO:9. Another fusion protein having SEQ ID NO:10 contained the fibronectin type III repeat domain 10 with the TF3-218 polypeptide. These proteins had similar properties and are referred to herein as Fn-TF or Tn-TF proteins. Like TF1-218, when expressed in *E. coli*, the Fn-TF proteins accumulated in inclusion bodies. The Fn-TF proteins also behaved similarly to TF1-218 through refolding and purification. A silver staining gel of purified TF 1-218 and

Fn-TF (SEQ ID NO:9) is shown in Fig 2A, and a Western blot stained with anti-Tissue Factor antibodies is provided in Fig. 2B.

#### **Amidolytic activity of Factor VIIa bound to Fn-TF**

The activity of Fn-TF as cofactor for enhancement of Factor VIIa amidolytic activity is shown in

Fig. 1. The binding of Factor VIIa to Tissue Factor involves extensive regions from both proteins encompassing a number of amino acid residues and forming a large interacting surface. The N-terminal portion of Tissue Factor is associated with the protease domain of Factor VIIa through residues Phe76, Tyr94, and Trp45. These interactions are considered important for allosteric activation of Factor VIIa activity.

Very little difference in amidolytic activity is discernable for Tissue Factor and Fn-TF except at high concentrations. This suggests that the affinity of Tissue Factor for Factor VIIa is not affected by the addition of fibronectin domains in the FN-TF fusion protein. Furthermore, the addition of fibronectin moiety to the N-terminus of Tissue Factor does not affect the subtle protein-protein interactions in the protease domain of Factor VIIa that are responsible for the allosteric enhancement of Factor VIIa amidolytic activity.

#### **Proteolytic Activity of Fn-TF:Factor VIIa Toward Factor X**

The effect of the fused docking structure on the proteolytic activity of TF:VIIa was studied by a linked functional assay (Schullek, Ruf et al. 1994). Varying concentrations of Fn-TF or TF1-218 were allowed to bind to 10 pM Factor VIIa for 5 minutes. To measure the proteolytic activity of the resulting TF:Factor VIIa or FN-TF:Factor VIIa complexes, Factor X was added to a concentration of 100 nM and the mixture was incubated for 10 minutes at 37 °C. The reaction was stopped by addition of 50 mM EDTA and the amount of Factor Xa generated was determined by measuring the Factor Xa amidolytic activity in the assay mixture using spetozyme FXa as described above.

Figure 2 shows the proteolytic activity of both soluble Fn-TF:Factor VIIa and Tissue Factor:Factor VIIa complexes toward Factor X. The increasing concentration of Fn-TF led to increased proteolytic activity similar to the curve obtained with TF1-218. These data suggest that the fused docking structure does not interfere with the recognition of Factor X by Fn-TF:Factor VIIa complex. Residues K165 and K166 in Tissue Factor are thought to be involved in binding to Factor X. When these residue are changed to alanine, there is no



effect on the amidolytic activity of TF:VIIa activity, but there is a noted change in its proteolytic activity, thus indicating these residue are important in orienting the Factor X to allow the most efficient processing of the factor. The proteolytic activity of the protease complex is greatly enhanced when the Tissue Factor:Factor VIIa complex is properly docked onto an anionic lipid surface. This increase in activity may be explained by the interaction of the anionic lipid surface with the Gla domain of Factor VIIa bound to Tissue Factor, which will physically align the complex with substrate Factor X. The interaction of the Gla domain of both Factor VIIa and Factor X with phospholipids properly orients Factor X in relation to Factor VIIa and Tissue Factor. Proper orientation of the various proteins increases the recognition of Factor X by the Tissue Factor:Factor VIIa complex and promotes the activation of Factor X to Factor Xa.

#### **Binding of Fn-TF to Integrin-Expressing CHO cells**

The beta-1 family (VLA) of integrins is widely distributed on the CHO cells. No endogenous Tissue Factor expression in CHO K1 cells was detected by Western Blot analysis or by the coagulation assay (data not shown). Hence, CHO K1 cells are an ideal system to study the docking of Fn-TF to integrin.

The binding of the Fn-TF protein to the integrin on CHO cells was monitored through direct incubation of varying concentrations of recombinant Fn-TF with 105 CHO K1 cells in TBS, 10mM CaCl<sub>2</sub>, 5 mM MgSO<sub>4</sub>. The bound and unbound proteins were separated by centrifugation, and the bound Tissue Factor immunoreactivity was detected by Western blot. The amount of Tissue Factor bound was quantified by comparing the intensity of resulting bands on the membrane to that of a standard curve of Tissue Factor protein of known concentration using a densitometer.

Figure 3 shows that increasing amounts of Fn-TF become associated with CHO cells as the amount of Fn-TF increases. In contrast, soluble TF1-218 has no demonstrable association with CHO cells.

#### **Induction of Localized Coagulation by Docked Fn-TF**

Activation of the coagulation cascade was measured using a coagulation assay. Varying concentrations of Fn-TF or Tissue Factor were incubated with CHO K1 cells for 15 minutes. Coagulation assays were initiated with addition of 100 ul of pooled normal human plasma. The coagulation time was recorded as the interim between the initiation of assay and the appearance of the first fibrin strands.

Figure 4 shows that the coagulation cascade was efficiently initiated by the Fn-TF complex bound to CHO K1 cells. In particular, the coagulation time decreases as the Fn-TF concentration increases suggesting the fibronectin docking domain can efficiently bind to the integrin on the CHO cell surface, and that such a docked Fn-TF complex can adopt the necessary conformation for initiating the coagulation cascade (Figures 6 and 7). With CHO K1 cells alone, plasma coagulation takes greater than 400 seconds (1 milliunit activity). However, when the Fn-TF fusion protein is bound to form approximately 100,000 Fn-TF: integrin complexes per cell, the coagulation time is reduced to about 20 seconds (40,000 milliunits activity). The Fn-TF fusion protein appears to be a more efficient activator of the coagulation cascade than is achieved with antibody mediated targeting of Tissue Factor observed previously (Huang, Molema et al. 1997).

#### **Inhibition of Fn-TF Coagulation Activity by the RGD Peptide**

The coagulation activity of the Fn-TF fusion protein can be fully blocked by addition of the RGDS (SEQ ID NO:17) (Figure 5). These data indicate that the RGDS peptide, which binds to the integrin, inhibits binding of the Fn-TF fibronectin docking domain to the integrin on the cell surface. The increased coagulation activity of Fn-TF relative to TF1-218 is therefore apparently due to the fibronectin selective binding domain, which binds and orients the extracellular domain of Tissue Factor into proximity with anionic phospholipid membrane microdomains and thereby facilitates the association of Factor VIIa with Tissue Factor and the cell surface.

#### **Coagulation Activity of Fn-TF versus Full Length Tissue Factor**

The coagulation activity of the Fn-TF fusion protein with CHO K1 cells was compared with the coagulation activity of a CHO K1 cell line that stably expressed full-length recombinant Tissue Factor. Approximately,  $5 \times 10^5$  Fn-TF molecules are bound per cell when 75 nM Fn-TF fusion protein is incubated with 105 CHO K1 cells in 100  $\mu$ l. A similar number of CHO K1 cells that are expressing approximately  $5 \times 10^5$  native Tissue Factor molecules have approximately the same level of coagulation activity as the 105 CHO K1 cells exposed to 75 nM Fn-TF (Figure 5).

Hence, the thrombogenic activity of Tissue Factor is largely dependent upon binding to a cellular membrane and upon physical alignment with the cell surface in a manner that is similar to that of native Tissue Factor structure. Whereas the lack of a membrane assembly domain eliminates the major mechanism for proper docking of the Tissue Factor:Factor

VIIa:Factor X complex on the cell surface, as well as the associated protease activities, the data provided in this example indicate that the N-terminus of Tissue Factor tolerates introduction of heterologous selective binding domains and that those binding domains can facilitate proper cell membrane association and orientation to restore the protease activity of Tissue Factor.

Hence, fusion of tissue-selective binding domain to the extracellular domain of Tissue Factor can target coagulation within that selected tissue type.

#### **EXAMPLE 2: Prostate Tumor Infarction By Tissue Factor:PSMA Inhibitor**

In this example, intravascular thrombosis was induced within mouse tumors by administration of an Asp- $\beta$  linked-Glu (D $\beta$ E)-biotin:streptavidin-Tissue Factor complex. The Asp- $\beta$  linked-Glu dipeptide is a binding inhibitor of PSMA and, in this example, acts as a Selective Binding Domain. Use of a small peptide inhibitor such as D-E has benefits over the use of an anti-PSMA antibody because it is easier to produce, and it is small so that the thrombogenic potential is maximized, for example, with small tumor vessels. The Asp- $\beta$  linked-Glu Selective Binding Domain directs an associated Tissue Factor polypeptide to PSMA-expressing cells that line the blood channels of prostate tumors. After association with PSMA-expressing cells, the Tissue Factor domain initiates localized thrombosis and infarctive necrosis of the prostate tumor. This results in tumor regression without harming the animal host.

#### **Reagents**

Purified human plasma factor VIIa was from Hematologic Technologies (Essex Junction, VT). Liposome incorporated doxorubicin (Doxil<sup>TM</sup>) was from ALZA corporation (Mountain View, California). Streptomyces avidinii was from the ATCC and grown for isolation of DNA using the QIAmp kit method (QIAGEN, Valencia, CA).

#### **Antibodies**

Anti-PSMA antibodies (7E11C5) were used to characterize the Mat Lu rat and LuCap mouse prostate tumor models. Monoclonal antibodies against mouse CD31 (MEC 13.3) and rat CD31 (TLD-3A12) were from PharMingen (La Jolla, CA). Biotinylated rat anti-mouse CD31 antibody and a FITC labeled mouse anti-human CD31 antibody were also purchased from Pharmingen, La Jolla, CA. Murine monoclonal antibody J591 specific for the extracellular domain of PSMA was provided by Dr. N. Bander (School of Medicine, Cornell

University). Biotinylated 7E11C-5 antibody was from Dr. J. Murphy, Pacific Northwest Cancer Foundation, Seattle, WA. The 7E11C-5 antibody epitope was mapped to the N-terminal intracellular portion of human PSMA that is not present in the mouse PSMA homologue. The anti-CD31 antibodies react with endothelial cells.

### **Streptavidin-Tissue Factor Fusion Protein**

To determine whether a PSMA inhibitor could serve as a Selective Binding Domain to target Tissue Factor to prostate tumors and then induce tumor necrosis, an Asp- $\beta$ -linked-L-Glutamate (D $\beta$ E) biotinylated dipeptide was synthesized. This peptide was made to interact with and bind to a streptavidin moiety that was N-terminally attached to the extracellular domain of Tissue Factor (SEQ ID NO:5), termed streptavidin-TF. The streptavidin-TF fusion protein was produced in *E. coli* and folded to generate a tetramer capable of binding to four biotin molecules. The details involved in generating this protein are described below.

Tissue Factor cDNA containing amino acids 3 to 311 was obtained by PCR of a human cDNA library (Clontech, Palo Alto, CA) with the following primers:

BM21: 5'-ACTACAAATACTGTGGCAGCA-3' (SEQ ID NO:20); and

BM33: 5'-TTTAAGCTTTCACGTGCCCATACACTCTACCGG-3' (SEQ ID NO:21).

The resulting 639 bp fragment was isolated by gel electrophoresis and subjected to a second PCR with primer BM33 (SEQ ID NO:21) and the following primer:

BM51: 5'-AAATGGATCCTGGTGCCTAGGGGCCCCGGGACTACAAA

TACTGTGGCAGCA-3' (SEQ IS NO:22).

The resulting 670 bp fragment was digested with BamHI and HindIII and ligated into the BamHI and HindIII sites of the vector pTrcHisC (Invitrogen, Carlsbad, CA). The BM51 oligo also encodes a thrombin cleavage site (Val-Pro-Arg-Gly-Ser, SEQ ID NO:23) for selective proteolytic deletion of the His tag from the expressed protein. This plasmid (NuV120) was further modified to contain a linker sequence with three repeats of Gly<sub>4</sub>Ser (SEQ ID NO:24) between the thrombin cleavage sequences and those of Tissue Factor. The following overlapping oligos were annealed and inserted into the BamHI and Aval sites of NuV120:

nuv20-1:

5' GATCTTGGTCCCTAGGGGATCCGCGAGAACCAATGCCT 3' (SEQ ID NO:25);

nuv20-2:

5' PO<sub>4</sub>-CACTCGCTAAACTTCAGTCAATACCTCTGGTATACT 3' (SEQ ID NO:26);

nuv20-3:

5' PO<sub>4</sub>-GGTACCGGAGGAGGCGGTTTCAGGTGGTGGAGGTTCA 3' (SEQ ID NO:27);

nuv20-4:

5' PO<sub>4</sub>-GGAGGTGGAGGTTCTC 3' (SEQ ID NO:28);

nuv20-5:

5' PO<sub>4</sub>-TCTGCGGATCCCCTAGGGACCAA 3' (SEQ ID NO:29);

nuv20-6:

5' PO<sub>4</sub>-AGGTATTGACTGAAGTTTAGCGAGTGAGGCATTGGT 3' (SEQ ID NO:30);

nuv20-7:

5' PO<sub>4</sub>-CCACCTGAACCGCCTCCTCCGGTACCAGTATACCAG 3' (SEQ ID NO:31);

nuv20-8:

5' CCGGGAGAACCTCCACCTCCTGAACCTCCA 3' (SEQ ID NO:32).

The resulting plasmid (NuV127) encodes a His-tag, a thrombin cleavage site, three repeats of the spacer Gly<sub>4</sub>Ser (SEQ ID NO:37), and Tissue Factor residues 3 to 211. This vector can be used to create expression vectors for various Selective Tissue Vascular Thrombogens by inserting a cDNA sequence encoding the derived amino acids into unique BamHI and KpnI sites. The streptavidin gene was amplified by PCR with Pfu polymerase (Stratagene) using the following oligonucleotides:

strep1: 5' ACCACGGTCTCGATTACGGC 3' (SEQ ID NO:33); and

strep 2: 5' ACTACTGCTGAACGGCGTCG 3' (SEQ ID NO:34).

Such PCR amplification results in a 514 bp fragment. The 514 bp fragment was purified and used as template for a second PCR amplification, this time with the following oligonucleotides:

strep3: 5' CACACAGGATCCGCCGCCGAGGCCGGCATCAC 3' (SEQ ID NO:35);

and

strep4: 5' CACACAGGTACCCTGCTGAACGGCGTCGAGCG 3' (SEQ ID NO:36).

BamHI and KpnI sites, respectively, are underlined in the above oligonucleotide sequences and extra nucleotides in italics were added for efficient enzyme digestion. The resulting DNA fragment of 486 bp was purified, digested with BamHI and KpnI and cloned into the BamHI and KpnI sites of NuV127. The resulting plasmid, NuV159, expresses a Streptavidin-Tissue Factor.

BL21 cells transformed with the NuV159 plasmid were grown in Super Medium (25 g tryptone, 15 g yeast extract and 5 g NaCl per liter) supplemented with biotin. Cells were induced with 1 mM IPTG when the OD<sub>600</sub> reached 0.6 and were cultured for 24 hours at 37°C. The protein (Strep-TF) accumulated in inclusion bodies, which were isolated as described in Donate et al., Dimerization of tissue factor supports solution-phase autoactivation of factor VII without influencing proteolytic activation of factor X. *Biochemistry*, 39: 11467-11476, 2000. The inclusion bodies were solubilized in 6 M guanidinium hydrochloride (GuHCl), pH 8.0, and the protein construct was partially purified in a Ni-NTA (QIAGEN) column equilibrated and washed with 6 M GuHCl pH 8.0 and eluted with 250 mM imidazole, 6 M GuHCl, pH 8.0. Protein folding was performed by dilution of GuHCl solubilized Strep-TF in 20 mM Tris, 300 mM NaCl, 0.8 M GuHCl pH 8.0 and glutathione redox buffer. After 16 hours at 4°C, the sample was concentrated with a Pellicon XL concentrator (MWCO, 10,000). The His tag is removed by thrombin digestion and the protein construct purified in two steps with a Source 15Q 16/10 column followed by a Sephacryl S-200 gel filtration. A silver-stained gel was prepared to illustrating the purity of the streptavidin-TF protein.

A DβE -biotin:streptavidin-TF complex was prepared by mixing excess DβE -biotin (> 10 to 1 molar concentration ratio) with streptavidin-TF protein in saline. The binding of the DβE -biotin peptide to the streptavidin-TF protein was allowed to proceed for 30 min. The resulting DβE-biotin:streptavidin-TF complex was dialyzed against two changes of saline. Figure 6 illustrates the activity of the D-β-E-biotin:streptavidin-Tissue Factor complex in a Factor X generation assay.

Before injection into animals, the DβE -biotin:streptavidin-TF complex was mixed with an equal molar ratio of Factor VIIa for 10 min. This permitted formation of the functional DβE -TF:Factor-TF:Factor VIIa thrombogenic complex.

### Cell Culture

Cell lines LnCap and the Mat Lu cell were from ATCC. The LnCap cells were cultivated in RPMI-1640 medium supplemented with 10% fetal calf serum, glutamine (2mM), HEPES (10mM), sodium pyruvate (1mM) and glucose (4.5 g/L). Mat Lu cells were cultured in RPMI-1640 with 10% fetal calf serum, glutamine (2mM), and 250 nM dexamethasone.

### Factor Xa generation assay

Factor Xa generation assays were performed as described in Ruf, et al. (J. Biol. Chem., 266, pg. 2158-66, 1991) with modifications to provide for association of the STVT constructs to PSMA expressing LnCap cells. LnCap cells were plated at  $8 \times 10^4$  per well in 96 well plates and allowed to attach for 4 hours in the medium described above. Medium was replaced with HBSA buffer (150 mM NaCl, 5 mM  $\text{CaCl}_2$ , 0.5% BSA, 20 mM Hepes, pH 7.4) and serial concentrations of D $\beta$ E:Strep-TF:VIIa or Strep-TF:VIIa complex were added to the wells. After incubation for 5 minutes, factor X was then added to a final concentration of 1  $\mu\text{M}$ . After 5 minutes at 37°C the limited proteolytic conversion of factor X to factor Xa was arrested with 100 mM EDTA. Factor Xa amidolytic chromogenic substrate Spectrozyme Xa (American Diagnostica, Greenwich, CT) was added to a final concentration of 200  $\mu\text{M}$  and substrate hydrolysis was determined kinetically at OD 405 in a spectrophotometric plate reader (Molecular Devices, Sunnyvale, CA).

### Animal Models

Cell lines LnCap and the Mat Lu cell were from ATCC. The PSMA positive human prostate carcinoma (CaP) xenograft, LuCap 58, was carried as a xenograft in WEHI nude mice (The Scripps Research Institute Breeding Facility). See Bladou et al., In vitro and in vivo models developed from human prostatic cancer. Prog. Urol., 7: 384-396, 1997. The tumors were passaged by implantation of  $\sim 2 \text{ mm}^3$  fragments in the subcutaneous tissue of the back of the mice. The rat Mat Lu prostate carcinoma was carried in male Copenhagen rats aged 4 to 6 weeks (Harlan Sprague-Dawley, Germantown, NY) inoculated with  $5 \times 10^5$  Mat Lu cells per subcutaneous site on the back.

Treatment of tumors was initiated once tumors reached 200  $\text{mm}^3$  through bolus intravenous injection of the Selective Tissue Vascular Thrombogen or a control protein (0.1 mg/Kg based on strep-TF protein) and repeated twice at two-day intervals. For combination therapies, liposomal doxorubicin (Doxil<sup>TM</sup>) at 2 mg/kg was separately injected intravenously. Tumor growth and other physical signs were monitored daily including gross evidence of

tumor necrosis, local tumor ulceration as well as evidence of toxicity including mobility, response to stimulus, eating, and weight of each animal. The studies have been reviewed and approved by the Institutional Animal Care and Use Committee of The Scripps Research Institute. The work was conducted in the TSRI facilities which are accredited by the Association for the Assessment and Accreditation of Laboratory Animal Care. The Scripps Research Institute maintains an assurance with the Public Health Service, is registered with the United States Department of Agriculture and is in compliance with all regulations relating to animal care and welfare.

### **Immunohistochemistry**

Immunohistochemical analysis was performed on formalin fixed as well as fresh frozen 5 $\mu$ m tissue sections mounted on poly-lysine coated slides. For endothelial identification, biotinylated murine anti-rat CD-31 monoclonal antibody (TLD-3A12) or biotinylated rat anti-mouse CD-31 monoclonal antibody (MEC 13.3) were used at 1  $\mu$ g/ml as first antibody then the reaction was developed with fluorescein conjugated streptavidin. For identification of PSMA in frozen sections, reaction with mouse monoclonal antibody J591 was followed by biotinylated rabbit anti-mouse IgG and the reaction was visualized with Texas-red conjugated streptavidin. Staining of PSMA in formalin fixed tissue was performed with biotinylated 7E11C-5 antibody. The tissue sections were analyzed with the aid of laser scanning confocal microscopy (Bio-Rad, Hercules, CA).

### **Coagulation Assay**

The coagulation activity of the D $\beta$ E -biotin:streptavidin-TF:Factor VIIa thrombogenic complex was assayed using a cell mediated coagulation assay employing CHO K1 cells that stably express PSMA. Different concentrations of D $\beta$ E -biotin:streptavidin-TF:Factor VIIa thrombogenic complex (in 50  $\mu$ l) were incubated with 10<sup>5</sup> PSMA expressing CHO K1 cells (also in 50  $\mu$ l) at room temperature for 15 min to allow the D $\beta$ E -biotin:streptavidin-TF:Factor VIIa thrombogenic complex to associate with PSMA on the cell surface. At the end of this incubation, 100  $\mu$ l citrated pooled human plasma was added and the assay was initiated by adding 100  $\mu$ l 20 mM CaCl<sub>2</sub> that had been pre-warmed to at 37°C. Assays using CHO K1 cells without PSMA were used as controls. The clotting time was recorded as the interim between the initiation of the reaction and the occurrence of the first strands of fibrin gel. This assay was used to guide the construction of fusion proteins and to quantify the activity of the D $\beta$ E -biotin:streptavidin-TF:Factor VIIa thrombogenic complex in different preparations.



### **Combined Treatment with the D $\beta$ E -biotin:streptavidin-TF:Factor VIIa thrombogenic complex and doxorubicin**

Treatment of tumor-bearing rodents was initiated when tumors reached 200 mm<sup>3</sup> by bolus i.v. injection. Some test animals were injected with D $\beta$ E -biotin:streptavidin-TF:Factor VIIa thrombogenic complex (0.1 mg/Kg based on streptavidin-TF total protein) plus doxorubicin (2 mg/kg, 3.5  $\mu$ mol/kg). Other test animals were injected with D $\beta$ E -biotin:streptavidin-TF:Factor VIIa thrombogenic complex (0.1 mg/Kg based on streptavidin-TF total protein) alone. Control animals were injected with doxorubicin (2 mg/kg, 3.5  $\mu$ mol/kg). Mock-treated animals received no doxorubicin and no thrombogenic complex. The treatment is repeated daily. The doxorubicin dosage is determined according to the MTD (maximum tolerated dose) published for daily injection for five days, which between 2.8  $\mu$ mol/kg to 3.6  $\mu$ mol/kg. Tumor growth was monitored daily through 4 weeks and until death. Tumor size was measured daily from the day of initial treatment.

### **Statistical analysis**

Statistical significance was determined by the two-tailed Student's *t* test, except for statistical significance of survival curves which utilized the Logrank test using GraphPad Prism version 3.00 (GraphPad Software, San Diego California USA).

## **Results**

### **Immunohistological Analysis**

PSMA was detected on the vessels of a xenograft model of human prostate tumors (LuCap 58) using the 7E11 antibody, and also using a biotinylated peptidyl inhibitor (Asp-3-Glu) of PSMA enzymatic activity. Strong PSMA expression was detected on the luminal surfaces of the vessels of the PSMA positive human LuCap 58 xenograft grown in nude mice. The epitope recognized by the murine 7E11C-5 antibody was mapped to the N-terminal intracellular portion of human PSMA that is not present in the mouse PSMA homologue. Therefore, the detected PSMA was human PSMA. This observation indicates that the tumor vasculature present in this tumor model is of human origin, even though the LuCap model has been propagated in nude mice for much too long for primary non-transferred endothelial cells to survive in these tumors. Such data indicate that the tumors themselves are generating microvascular lining cells or that human PSMA from the tumor

cells was acquired by transfer to endothelial cells of the mouse that have grown into the tumor.

Immunohistochemical analysis of the human LuCap tumors clearly identified PSMA positive cells that line and thereby delineate the microscopic channels with structural characteristics not unlike microvascular channels. PSMA expression is more intense on the aspect of tumor cell membranes that constitutes the luminal surface of the channels.

A second piece of evidence indicates that the PSMA-positive cells lining the vessels of the tumors are not endothelial cells. Frozen sections of LuCap 58 tumors were immunohistochemically stained with biotinylated rat anti-mouse CD31 antibody and with an FITC-labeled mouse anti-human CD31 antibody. While the FITC-labeled anti-mouse CD31 reacted positively with the tumor vessels lining cells in these sections, the rat anti-human CD31 staining was negative. Double staining of the LuCap tumor with anti-mouse CD31 antibody and PSMA specific antibody indicated that these PSMA-expressing microchannels are distinct and mutually exclusive of microvascular channels lined by CD31 positive cells. These data therefore indicate that human endothelial cells do not exist in the LuCap 58 tumor. In Mat Lu tumors, the anti-PSMA antibody and anti-CD31 antibody reacted with almost entirely mutually exclusive cell surfaces, also indicating that the PSMA positive cells lining blood vascular channels are not endothelial cells.

To investigate that whether the PSMA-positive cells that lined the channels in these tumors were part of the tumor vasculature, bacteriophage M13 was injected into the blood stream of the animal as a marker. Tumors were harvested minutes after the injection and frozen sections were prepared from these samples. Extensive experience with in vivo phage panning has proven that phage will remain in the tumor vasculature and can be easily recognized with anti-phage antibody staining. Double staining with PSMA antibody and anti-phage antibody revealed that PSMA lined the channel structures stained by phage and through which blood flows. These data indicate that the channels lined by PSMA-expressing cells are part of the tumor vasculature. Cells lining the blood vessels and in contact with the blood are tumor cells, rather than endothelial cells. Similar microchannels lined by PSMA positive cells were also observed in syngeneic rat Mat Lu tumors.

#### **The STVT functionally associates with PSMA positive cells.**

A factor Xa generation assay was used to test whether the D $\beta$ E -biotin:streptavidin-TF:Factor VIIa complex could align properly on an anionic cell membrane surface and properly associate with factor X substrate that has localized to the same locus. As illustrated

In Figure 6, the D $\beta$ E-biotin:streptavidin-TF:Factor VIIa complex but not the streptavidin-TF:Factor VIIa complex functions on LnCap cells to generate Factor Xa in the Factor Xa generation assay described above. Hence, the D $\beta$ E-biotin:streptavidin-TF:Factor VIIa complex can proteolytically convert factor X to factor Xa while bound to LnCap cells.

The factor Xa generation assay requires the functional assembly of the assembled D $\beta$ E:Strep-TF:VIIa complex on PSMA expressing LnCap cells. Unlike most tumor cells, LnCap cells do not express Tissue Factor as indicated by coagulation assays and western blot examination (data not shown). LnCap cells also do not directly form factor Xa from factor X and therefore cannot drive the thrombogenic cascade (see streptavidin-Tissue Factor control in Figure 6). The dose dependent increase of factor Xa generation by the D $\beta$ E:Strep-TF:VIIa complex in the presence of LnCap cells was striking in comparison to the control LnCap cells treated with the streptavidin-Tissue Factor molecule that lacked the PSMA targeting element (Figure 6). These data indicate that the D $\beta$ E:Strep-TF:VIIa complex functionally assembles on the cell surface through binding of D $\beta$ E to PSMA and initiates the thrombogenic cascade.

### **Tumor Necrosis**

Mat Lu tumors were generated by subcutaneous inoculation of  $0.5 \times 10^6$  tumor cells per site in the subcutaneous tissue of the back of the Copenhagen rats. After 7 days the tumors grew to an average diameter of 1 cm. Treatment is initiated at this time by bolus intravenous injection of the D $\beta$ E -biotin:streptavidin-TF:Factor VIIa complex at a dose of 0.1 mg streptavidin-TF per Kg body weight. Treatment was repeated daily for 7 days. Tumor growth was measured daily and graphed. Key physical signs were monitored, including:

- (a) Tumor necrosis and infarction. Mat Lu tumors are non-necrotic tumors with fast initial growth but slow progression. Local ulceration is a important sign of targeted thrombosis;
- (b) Apparent health of each rat; and
- (c) Mobility and response to stimulus.

The control streptavidin-TF protein was not toxic in rats over a wide range of concentrations, thereby permitting evaluation of the potential for selective tumor thrombosis and infarctive necrosis in tumor bearing rats.

Intravenous injection of the D $\beta$ E -biotin:streptavidin-TF: Factor VIIa complex was associated with a rapid wave of localized microthrombosis of blood channels within Mat Lu tumors, leading to infarctive necrosis of Mat Lu prostate tumors. It has been shown that the treated tumor was extensively necrotic while the untreated tumor showed little or no necrosis. The center of the treated tumor was liquefied upon gross and histological pathological examination, showing gross signs of ischemic necrosis. In contrast, there was no micro-thrombosis or necrotic regions in tumors from the control group. Occluded tumor microvessels were widespread in the experimental group, with platelet aggregates, packed erythrocytes and fibrin. The tumor interstitium commonly contained a few erythrocytes and was infiltrated with inflammatory cells. After the standard three infusions at two-day interval, tumors showed very extensive necrosis with liquefaction of the entire central region of the tumors. However, at the growth edge of tumors from the treated animals, a rim of viable tumor tissue remained.

Pathological studies were performed to confirm that intravenous administration of an D $\beta$ E -biotin:streptavidin-TF:Factor VIIa complex induced selective thrombosis of tumor vasculature in rats bearing Mat Lu prostate cancers. Signs of tumor vasculature thrombosis were observed in tumors immediately following treatment. The center of the treated tumors showed gross signs of ischemic changes. In Hematoxylin and Eosin stained sections, the number of vessels that were occluded increased dramatically. After one hour, blood vessel thrombosis was extensive. Occlusive platelet aggregates were frequently observed in thrombi as well as red blood cells and fibrin. By 72 hours and after three treatments, the tumors showed advanced necrosis. In some tumors, the entire central region was completely liquified.

Figure 7A graphically depicts the retardation of Mat Lu tumor growth by the D $\beta$ E -biotin:streptavidin-TF:Factor VIIa complex. In the saline treated control group (square symbols) rats, the tumor volume increased progressively and was greater than the D $\beta$ E -biotin:streptavidin-TF:Factor VIIa treated group (J symbols). The tumor size was measured with a caliper and tumor volume calculated as  $D \times d^2$ . In some cases, although the tumor center is necrotic and liquified, the total tumor size remained unchanged or increased slightly as a result of an inflammatory response and as some surviving tumor at the periphery of the tumor continued to grow.

Figure 7B graphically illustrates the weight of tumors after removal. The average tumor weight in the D $\beta$ E -biotin:streptavidin-TF: Factor VIIa treated group (grey) was substantially less than that of the control group (black).

#### **Combined therapy with doxorubicin.**

To address the potential to enhance selective tumor microvascular thrombosis and infarction of tumors, infusions of both the D $\beta$ E -biotin:streptavidin-TF: Factor VIIa construct and low doses of liposomal doxorubicin (2mg/Kg) were conducted. Three infusions of each were administered at two-day intervals as described above. There was virtually a complete arrest of tumor growth and gross eradication of tumors in some rats that received doxorubicin with the D $\beta$ E -biotin:streptavidin-TF: Factor VIIa construct (Figure 8A and 8B). This combination therapy also had a significant beneficial effect on survival of the tumor bearing animal hosts ( $p < 0.001$ , Figure 12B). The prolongation of survival of rats treated with the D $\beta$ E -biotin:streptavidin-TF: Factor VIIa alone was modest, but significant. Therapy with low dose liposomal doxorubicin alone had no measurable benefit (Figures 8A and 8B).

Figure 8 graphically illustrates the synergistic effect of combined treatment with both the D $\beta$ E -biotin:streptavidin-TF: Factor VIIa complex and doxorubicin. After about 5-6 days of treatment, the tumor volume of rats receiving doxorubicin had progressively increased (square symbols, Figure 8A). There was little difference in tumor volume of between the control and doxorubicin treatment alone (data not shown). However, animals receiving combined therapy exhibited substantially no increase in tumor volume and had significantly smaller tumors than did doxorubicin-only treated animals (round symbols, Figure 8A). Similarly, rats receiving the D $\beta$ E -biotin:streptavidin-TF: Factor VIIa complex and doxorubicin (long dashed line, Figure 8B) survived substantially longer than rats that received doxorubicin alone (solid line, Figure 8B).

#### **Therapy with PSMA Inhibitors**

Figure 9A graphically illustrates that as the concentration of D $\beta$ E inhibitor increases (circular symbols), the viability of PSMA expressing prostate cancer cells declines. A cell proliferation and viability assay was employed to assess D $\beta$ E inhibitor activity using trypan blue staining. LnCap cells ( $4 \times 10^4$  cells/well) were seeded in 96 well plates. Different concentrations of the D $\beta$ E inhibitor or the Asp-Glu (D-E) substrate were added to the media at the concentrations indicated in Figure 9A. The % cell viability was determined 48 hours

after treatment as the number of living cells (unstained) divided by total cells count (stain + unstained cells). Inhibition of the glutamyl preferring carboxypeptidase activity of PSMA using its inhibitor Aspartyl- $\beta$ -linked L glutamate (D- $\beta$ -E) resulted in tumor cell death in a dose dependent manner in contrast to its physiological substrate analogue, Aspartyl-glutamate (D-E).

Figure 9B graphically illustrates the synergistic effect of combining methotrexate (MTX) and the PSMA inhibitor, D- $\beta$ -E, on cancer cell viability in vitro. The cytotoxic effect of methotrexate was assessed with and without the presence of the PSMA inhibitor (D- $\beta$ -E) or PSMA substrate (D-E) using a cell proliferation and viability assay. The cytotoxic effect of methotrexate was potentiated in the presence of inhibitor at a concentration of 0.1  $\mu$ M. The  $ID_{50}$  of MTX was reduced from around 10  $\mu$ M to around 0.5  $\mu$ M in the presence of the PSMA inhibitor (D- $\beta$ -E) ( $ID_{50} / ID_{50}^* = 20$ ), a twenty-fold enhancement of the tumoricidal activity.

These experiments illustrated the therapeutic potential of reduction of a tumor cell viability, combined with selective tumor vascular thrombosis in prostate cancer by targeting cells that express PSMA. The data indicate that PSMA-expressing tumor cells create vascular channels that are lined by tumor cells. Some tumor tissue on the periphery of the tumor often escaped thrombosis, indicating that these tumor cells may survive because they are not in direct contact with tumor blood vessels. However, these peripheral tumor cells are more accessible to cytotoxic drugs delivered by the circulatory system. A combination of therapeutic agents that includes the present Selective Tissue Vascular Thrombogens and an anti-tumor drug may effectively eradicate solid tumors.

Hence, the compositions, uses and methods of the invention are peculiarly suited to treat here-to-fore inaccessible tumor cells within the heart of solid tumors.

The foregoing specification, including the specific embodiments and examples, is intended to be illustrative of the present invention and is not to be taken as limiting. Numerous other variations and modifications can be effected without departing from the true spirit and scope of the present invention.

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- U.S. Pat. No. 5,110,730.
- U.S. Pat. No. 5,139,941.
- U.S. Pat. No. 5,183,756.
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**WHAT IS CLAIMED:**

1. A Selective Tissue Vascular Thrombogen comprising a Selective Binding Domain associated with a Tissue Factor polypeptide, wherein the Selective Binding Domain can bind to a channel for blood within a tissue and the human tissue factor can initiate thrombosis within the channel.
2. A Selective Tissue Vascular Thrombogen according to claim 1 wherein the tissue is a lung, breast, ovary, stomach, pancreas, larynx, esophagus, testes, liver, parotid, biliary tract, colon, rectum, cervix, uterus, endometrium, kidney, bladder, prostate, thyroid, benign prostate hyperplasia, squamous cell carcinoma, adenocarcinoma, small cell carcinoma, melanoma, glioma, or neuroblastoma tumor.
3. A Selective Tissue Vascular Thrombogen according to claim 1 wherein the tissue is a prostate tumor.
4. A Selective Tissue Vascular Thrombogen according to claim 1 wherein the Tissue Factor polypeptide comprises SEQ ID NO:3, SEQ ID NO:4, SEQ ID NO:5 or SEQ ID NO:6.
5. A Selective Tissue Vascular Thrombogen according to claim 1 wherein the Selective Binding Domain comprises a ligand for a cellular receptor, a receptor for a cellular ligand or an inhibitor for a membrane-associated protein.
6. A Selective Tissue Vascular Thrombogen according to claim 1 wherein the Selective Binding Domain binds selectively to endoglin, integrin, VEGF receptor, or Prostate Specific Membrane Antigen.
7. A Selective Tissue Vascular Thrombogen according to claim 1 wherein the Selective Binding Domain is an integrin binding site from fibronectin.
8. A Selective Tissue Vascular Thrombogen according to claim 7 wherein the integrin binding site from fibronectin is a polypeptide from SEQ ID NO:8.



9. A Selective Tissue Vascular Thrombogen according to claim 1 wherein the Selective Binding Domain is not an antibody.
10. A Selective Tissue Vascular Thrombogen according to claim 1 wherein the Selective Binding Domain comprises an inhibitor of prostate specific membrane antigen.
11. A Selective Tissue Vascular Thrombogen according to claim 10 wherein the inhibitor of prostate specific membrane antigen comprises Asp- $\beta$ -Glu, N-succinyl-glutamic acid, quisqualic acid or 2-(phosphonomethyl)pentanedioic acid.
12. A Selective Tissue Vascular Thrombogen according to claim 1 comprising SEQ ID NO:9 or SEQ ID NO:10.
13. A therapeutic composition comprising a Selective Tissue Vascular Thrombogen and a pharmaceutically acceptable carrier, wherein the Selective Tissue Vascular Thrombogen comprises a Selective Binding Domain associated with a Tissue Factor polypeptide, wherein the Selective Binding Domain can bind to a channel for blood within a tissue and the Tissue Factor polypeptide can initiate thrombosis within the channel.
14. A therapeutic composition according to claims 13, wherein the Selective Tissue Vascular Thrombogen is selected from any one of the claims 2 to 12.
15. A therapeutic composition according to claims 13 or 14, wherein the pharmaceutically acceptable carrier is a liposome.
16. A combination which comprises (a) a Selective Tissue Vascular Thrombogens according to any one of the claims 1 to 12 and (b) at least one compound selected from a Factor VII polypeptide, a Factor VIIa polypeptide and a chemotherapeutic agent, or a pharmaceutically acceptable salt of any one of components (a) or (b) where salt-forming groups are present.
17. A pharmaceutical preparation comprising (a) and (b) as mentioned in claim 16.

18. A product comprising (a) and (b) as defined in claim 16 and optionally a pharmaceutically acceptable carrier material, for simultaneous, chronically staggered and/or separate use, or any combination thereof.
19. A combination according to any one of the claims 16 to 18 wherein the chemotherapeutic agent comprises methotrexate or doxorubicin.
20. A method of treating a solid tumor in an animal that comprises administering a therapeutically effective amount of a Selective Tissue Vascular Thrombogen comprising a Selective Binding Domain associated with a Tissue Factor polypeptide, wherein the Selective Binding Domain can bind to a channel for blood within a tumor and the Tissue Factor polypeptide can initiate thrombosis within the channel.
21. A method according to claim 20 wherein the Selective Tissue Vascular Thrombogen is selected from any one of the claims 2 to 12.
22. A method according to claims 20 or 21 wherein the Selective Tissue Vascular Thrombogen is administering in a liposome.
23. A method according to claims 20 or 21 that further comprises administering a therapeutically effective amount of a chemotherapeutic agent.
24. A method according to claim 23 wherein the chemotherapeutic agent comprises methotrexate or doxorubicin.
25. A method according to claims 20 or 21 that further comprises administering a therapeutically effective amount of an inhibitor of prostate specific membrane antigen.
26. A method according to claim 25 wherein the inhibitor of prostate specific membrane antigen comprises Asp- $\beta$ -Glu, N-succinyl-glutamic acid, quisqualic acid or 2-(phosphonomethyl)pentanedioic acid.
27. Use of a therapeutically effective amount of a Selective Tissue Vascular Thrombogen comprising a Selective Binding Domain associated with a Tissue Factor polypeptide,

wherein the Selective Binding Domain can bind to a channel for blood within a tumor and the Tissue Factor polypeptide can initiate thrombosis within the channel, for the manufacture of a medicament for treating a solid tumor.

28. Use of a therapeutically effective amount of a Selective Tissue Vascular Thrombogen according to any one of the claims 1 to 12, for the manufacture of a medicament for treating a solid tumor.
29. Pharmaceutical preparation for the treatment of solid tumors, comprising a Selective Tissue Vascular Thrombogen according to any one of the claims 1 to 12.
30. Use of a therapeutic composition or combination, according to any one of the claims 13 to 19, for the manufacture of a medicament for treating a solid tumor.
31. Use of a therapeutic composition or combination according to any one of the claims 13 to 19, for the manufacture of a medicament for treating a solid tumor.
32. Pharmaceutical preparation for the treatment of solid tumors, comprising a therapeutic composition or combination, according to any one of the claims 13 to 19.
33. A method or use according to any one of the claims 20 to 31 wherein the solid tumor is a lung, breast, ovary, stomach, pancreas, larynx, esophagus, testes, liver, parotid, biliary tract, colon, rectum, cervix, uterus, endometrium, kidney, bladder, prostate, thyroid, squamous cell carcinoma, adenocarcinoma, small cell carcinoma, melanoma, glioma, or neuroblastoma tumor.
34. A method or use according to any one of the claims 20 to 31 wherein the solid tumor is a prostate tumor.
35. A method or use according to any one of the claims 20 to 31 wherein the thrombosis leads to tumor necrosis.

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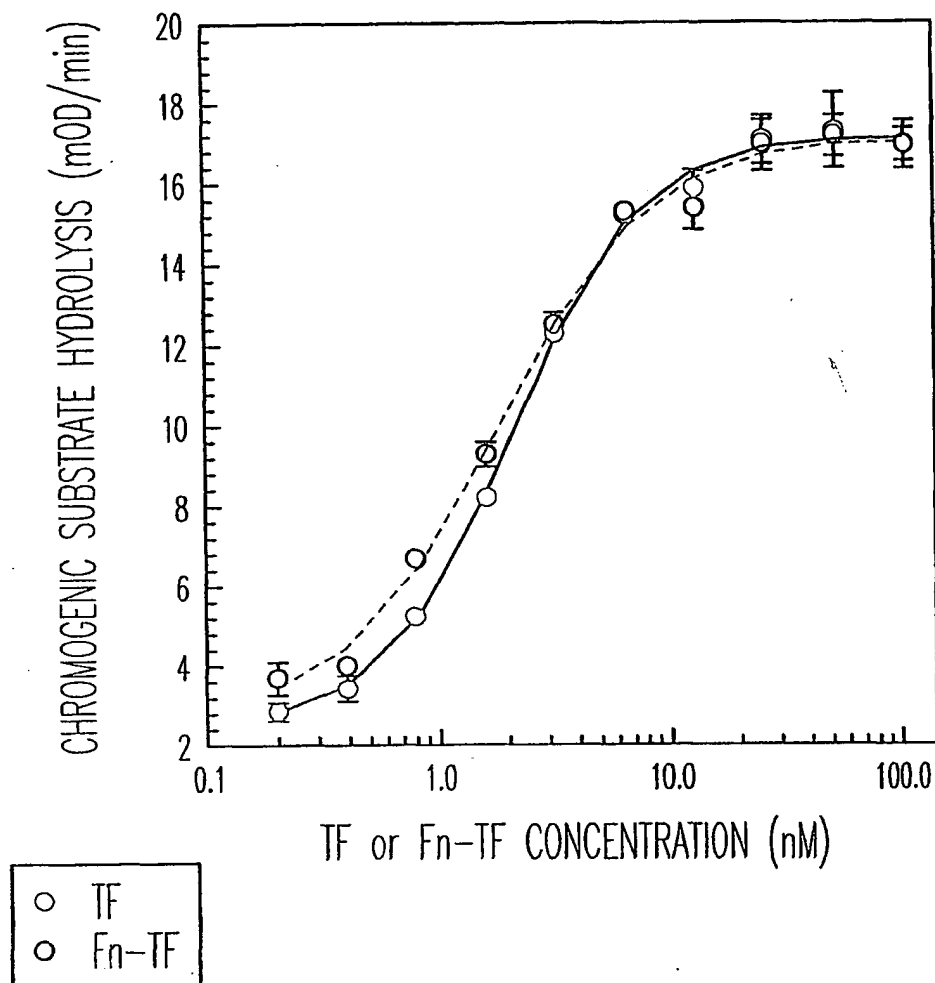


Fig. 1

2/10

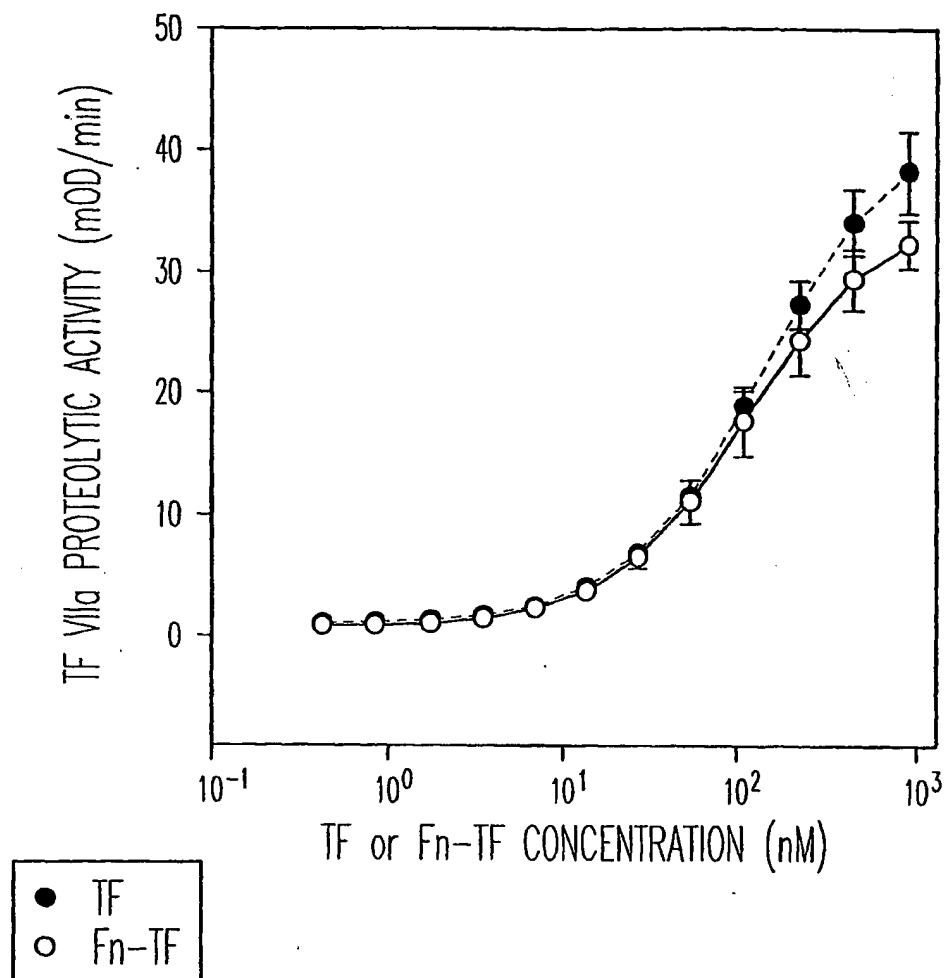


Fig. 2

3/10

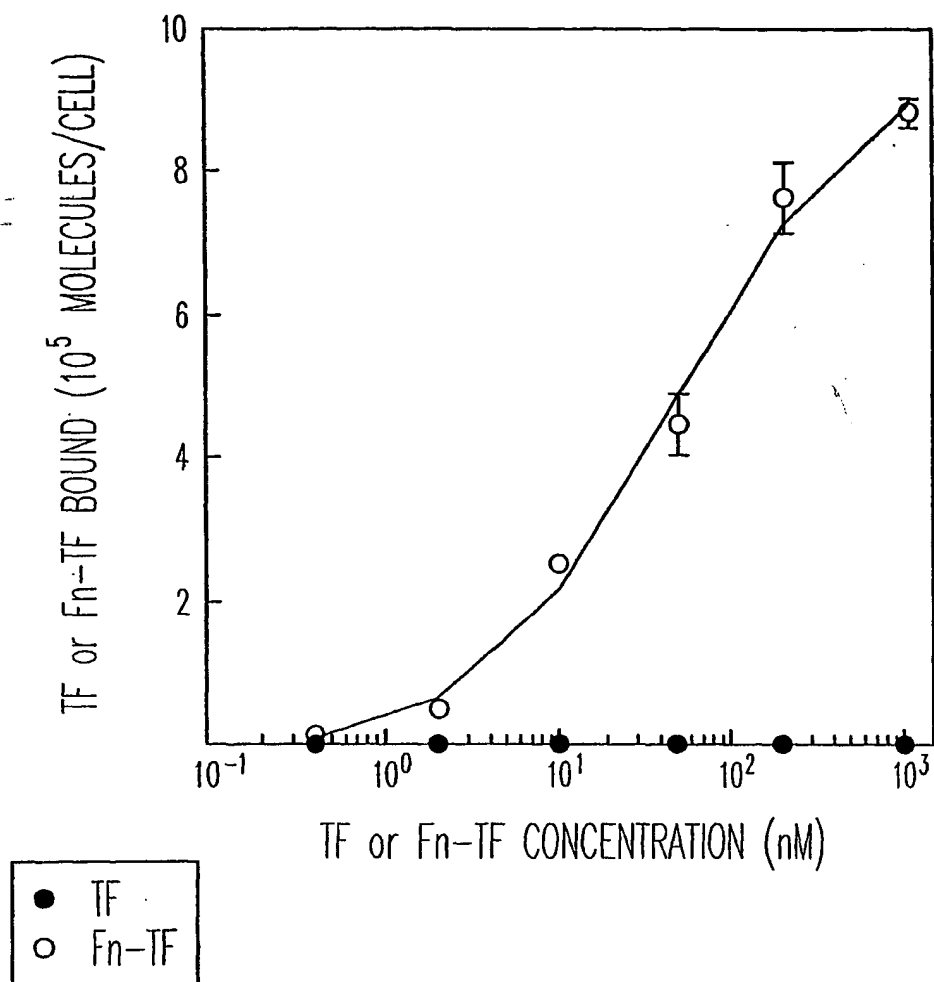


Fig. 3

4/10

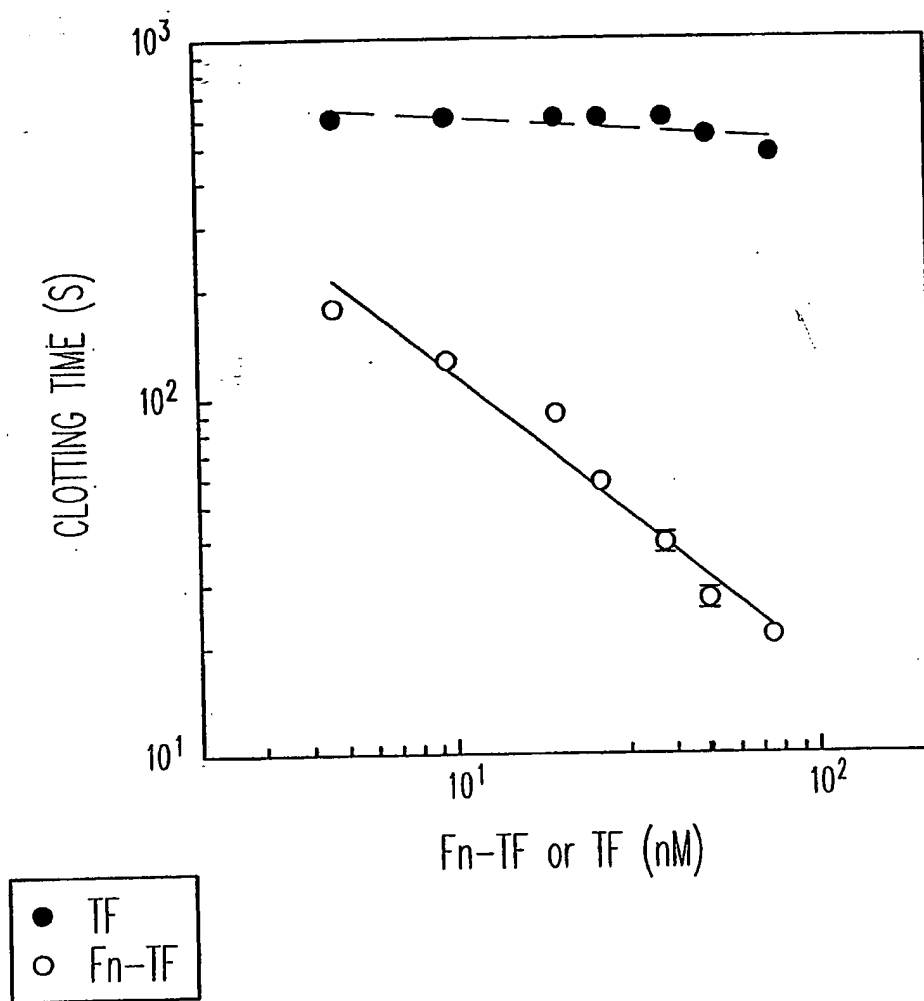


Fig. 4

5/10

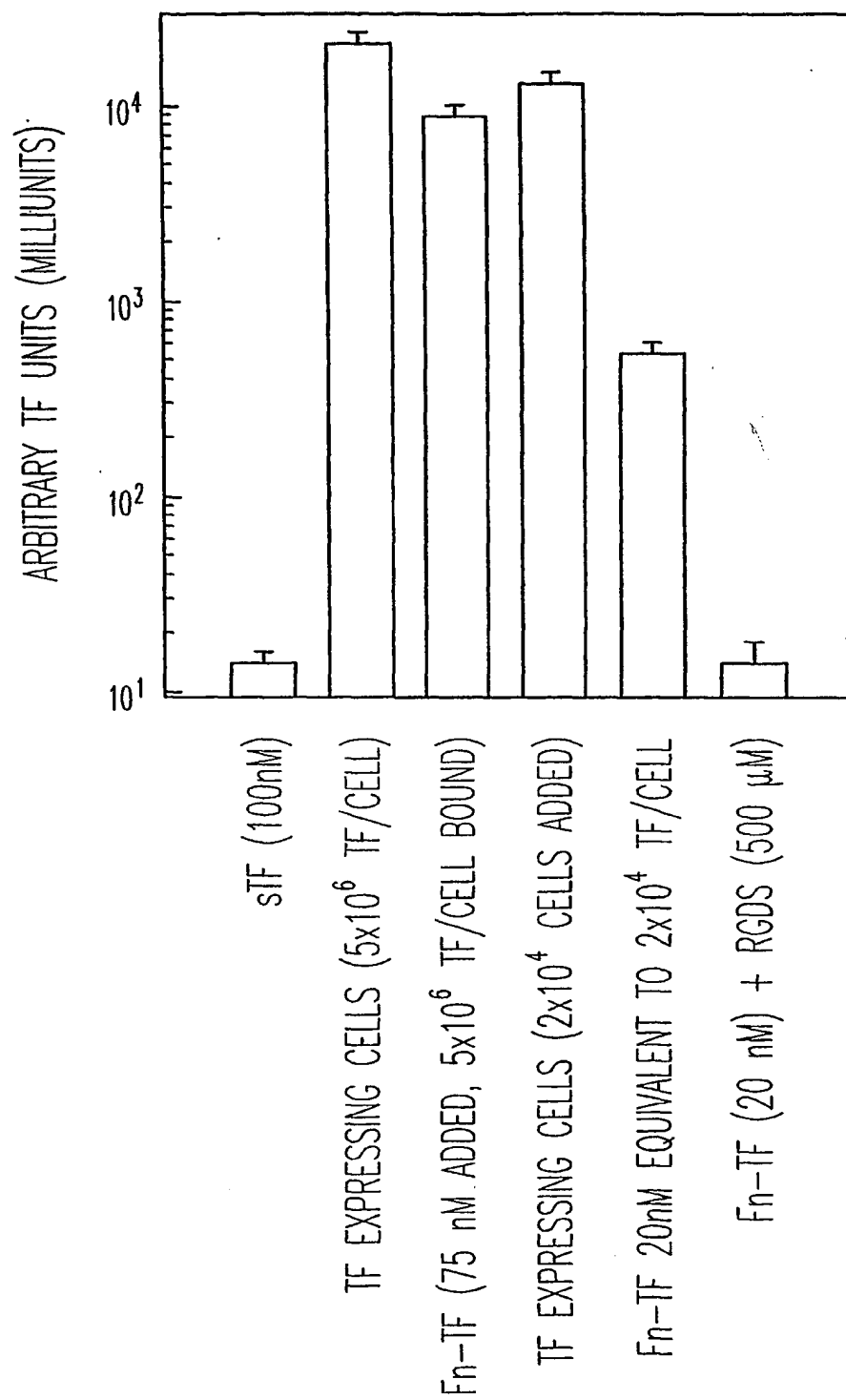


Fig. 5



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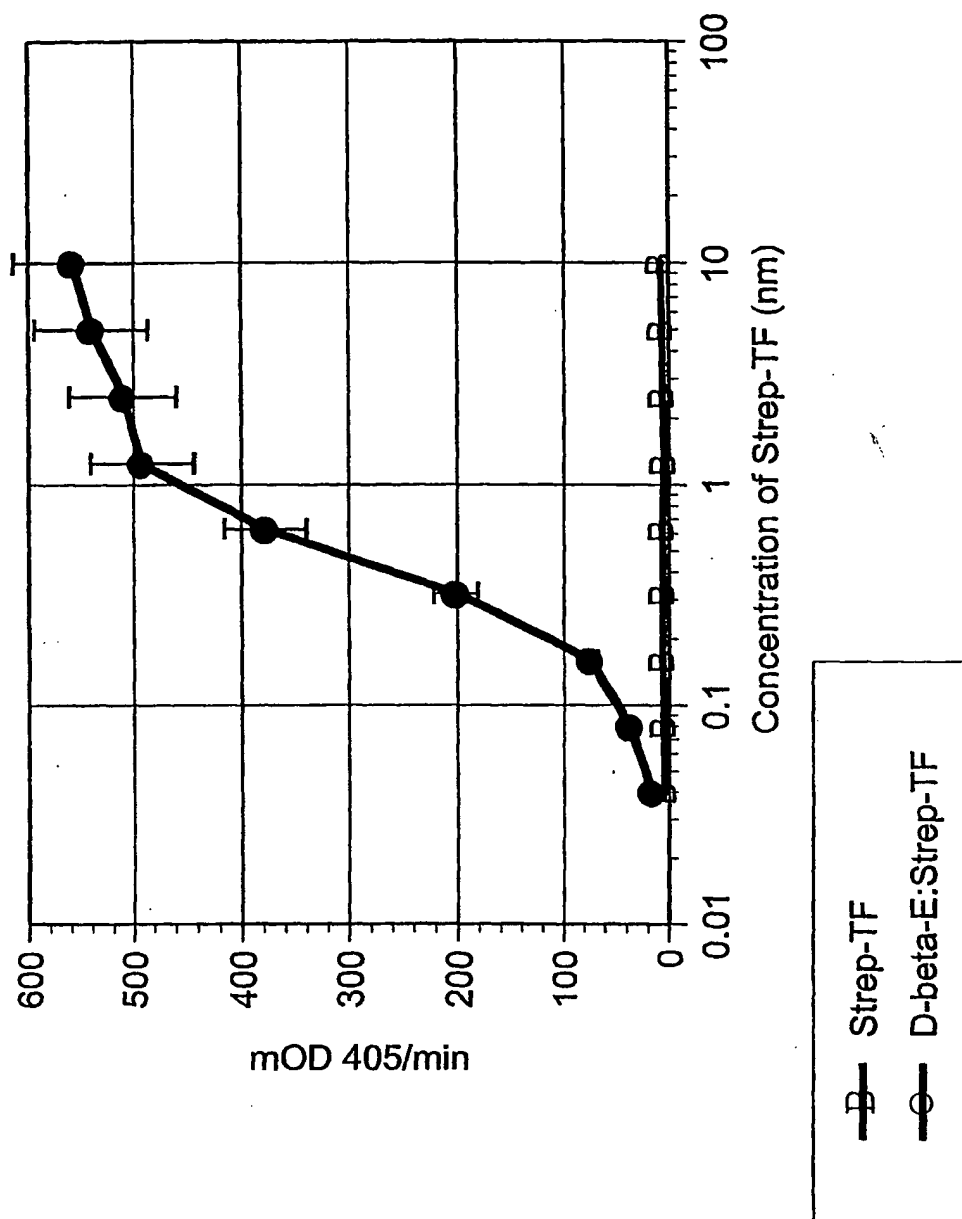


Fig. 6

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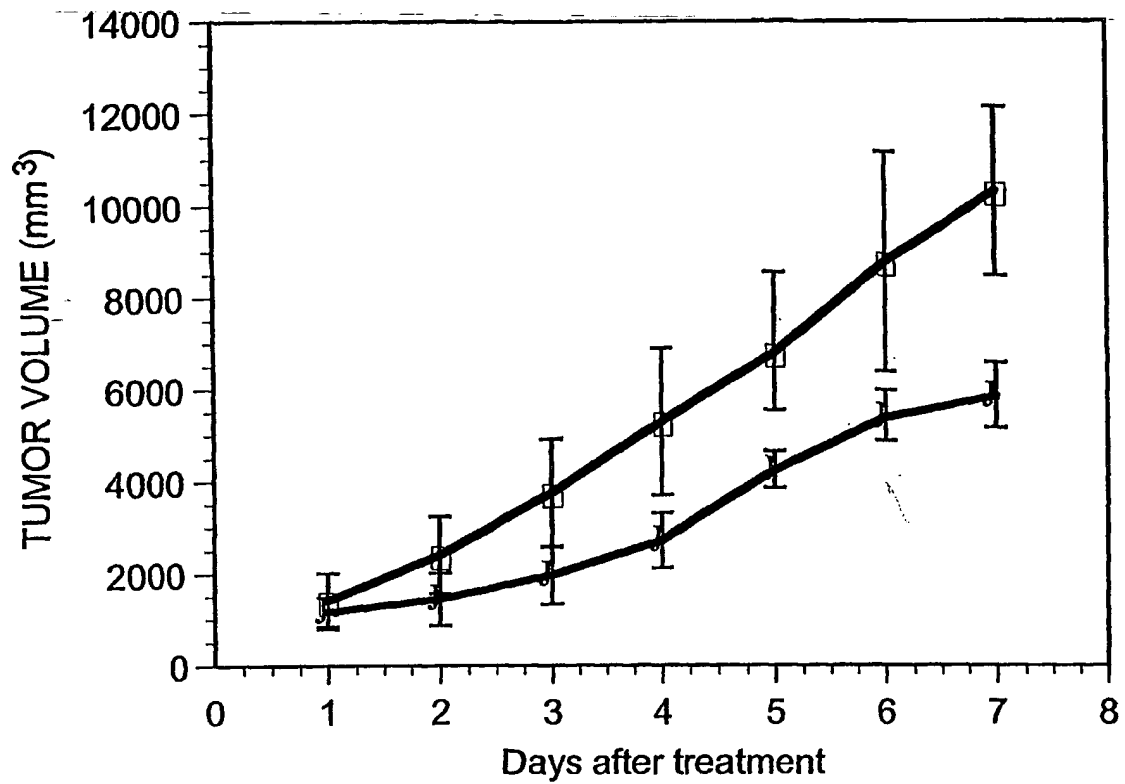


Fig. 7A

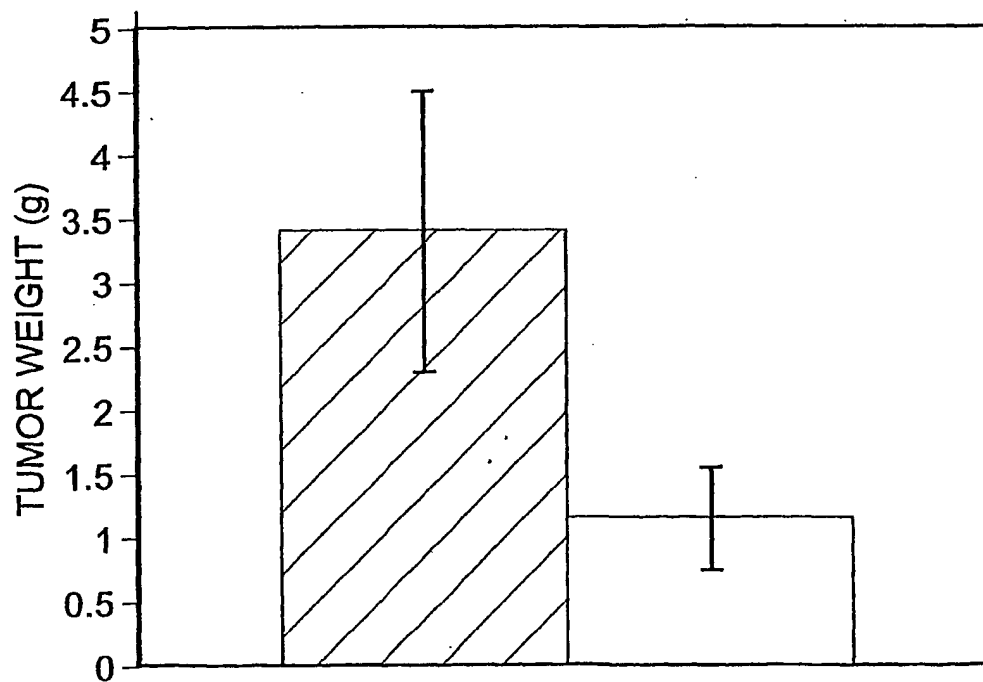


Fig. 7B

8/10

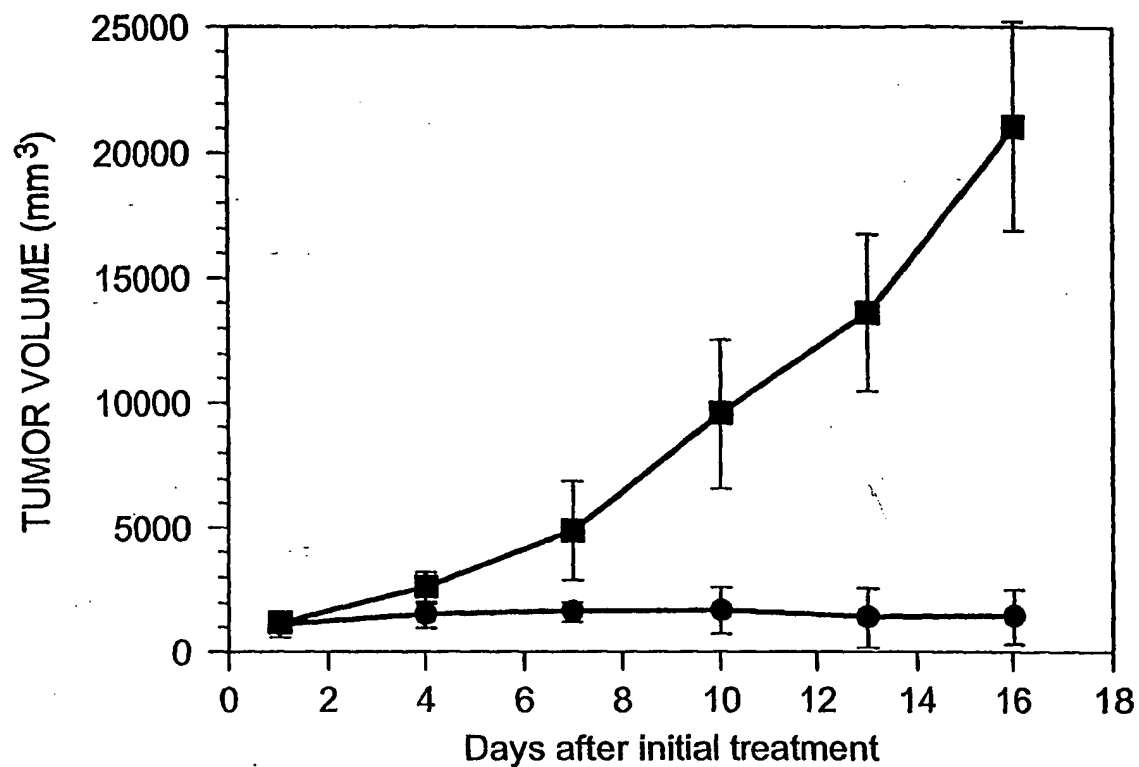


Fig. 8A

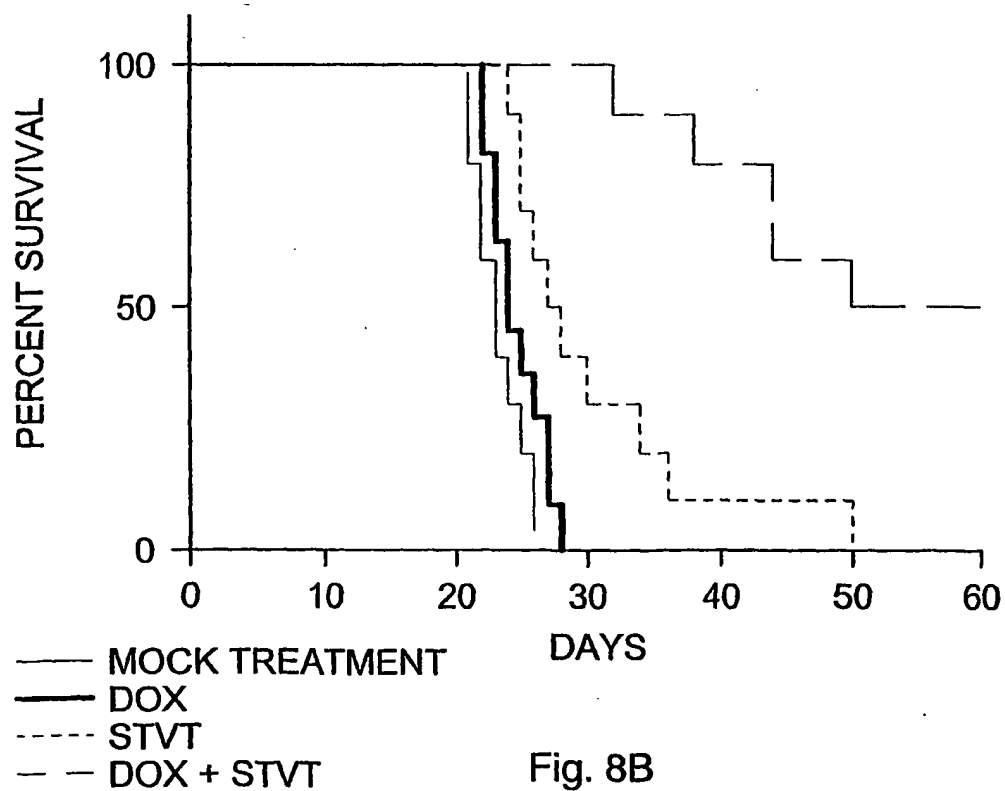


Fig. 8B

9/10

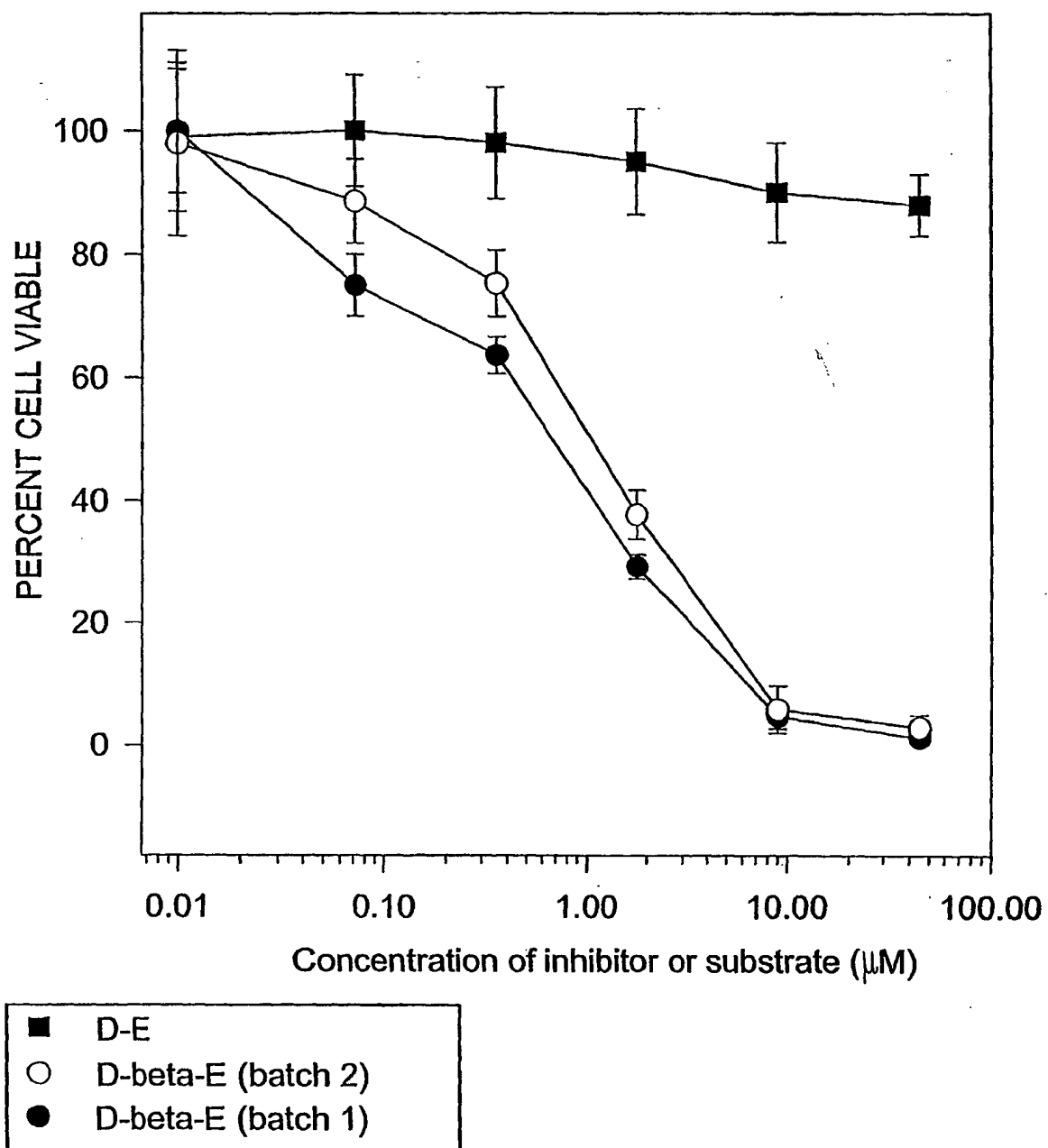


Fig. 9A

10/10

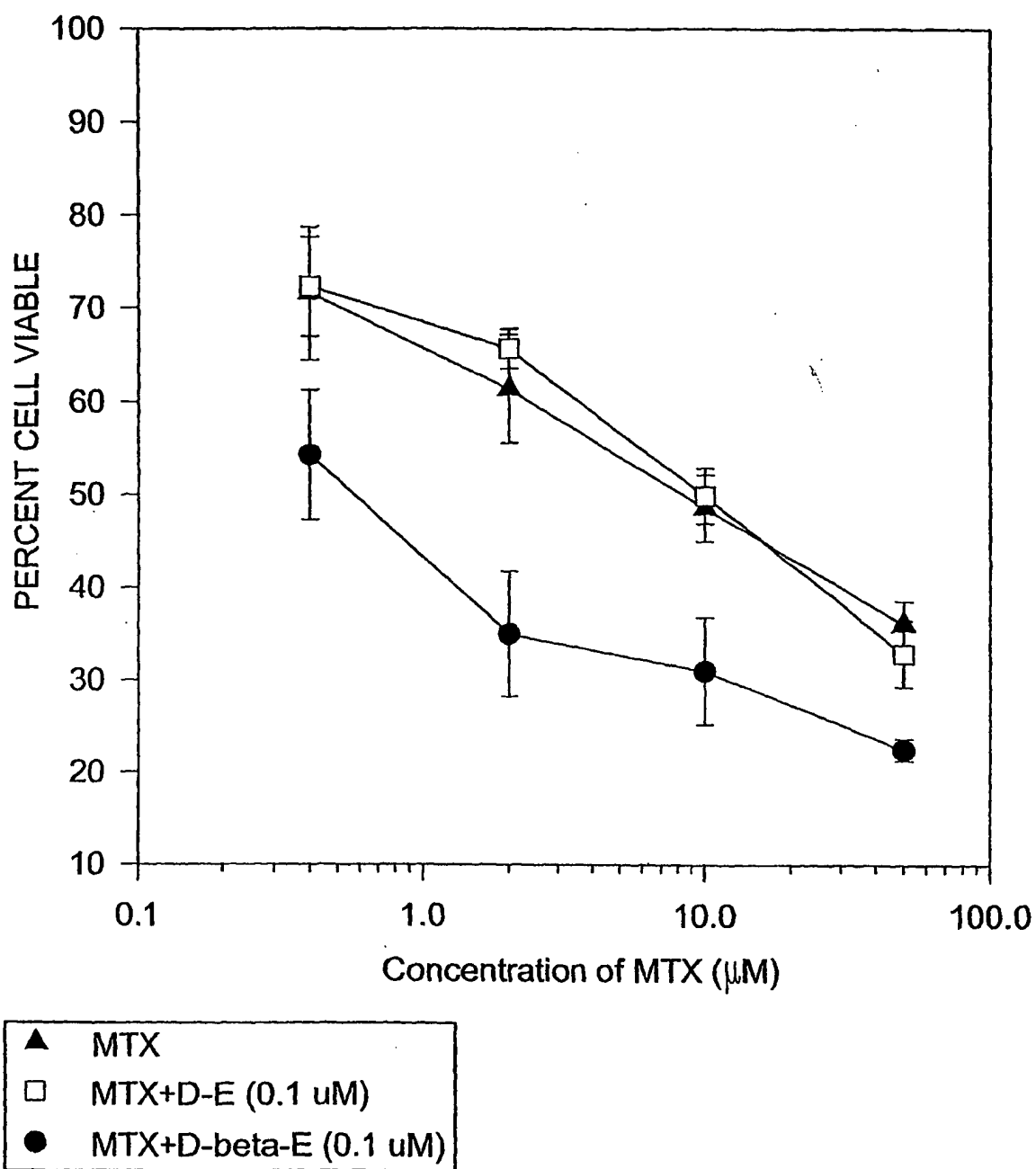


Fig. 9B

## SEQUENCE LISTING

&lt;110&gt; Novartis AG

&lt;110&gt; The Scripps Research Institute

Liu, Cheng  
Edgington, Thomas, S.

&lt;120&gt; Targeted Thrombosis

&lt;130&gt; Case 4-32242A

&lt;150&gt; US 60/336331

&lt;151&gt; 2001-10-26

&lt;160&gt; 36

&lt;170&gt; FastSEQ for windows Version 4.0

&lt;210&gt; 1

&lt;211&gt; 295

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&lt;400&gt; 2

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 210 215

<210> 4  
 <211> 218  
 <212> PRT  
 <213> Homo sapiens

<400> 4  
 Ser Gly Thr Thr Asn Thr Val Ala Ala Tyr Asn Leu Thr Trp Lys Ser  
 1 5 10 15  
 Thr Asn Phe Lys Thr Ile Leu Glu Trp Glu Pro Lys Pro Val Asn Gln  
 20 25 30  
 Val Tyr Thr Val Gln Ile Ser Thr Lys Ser Gly Asp Trp Lys Ser Lys  
 35 40 45  
 Cys Phe Tyr Thr Thr Asp Thr Glu Cys Asp Leu Thr Asp Glu Ile Val  
 50 55 60  
 Lys Asp Val Lys Gln Thr Tyr Leu Ala Arg Val Phe Ser Tyr Pro Ala  
 65 70 75 80  
 Gly Asn Val Glu Ser Thr Gly Ser Ala Gly Glu Pro Leu Tyr Glu Asn  
 85 90 95  
 Ser Pro Glu Phe Thr Pro Tyr Leu Glu Thr Asn Leu Gly Gln Pro Thr  
 100 105 110  
 Ile Gln Ser Phe Glu Gln Val Gly Thr Lys Val Asn Val Thr Val Glu  
 115 120 125  
 Asp Glu Arg Thr Leu Val Arg Arg Asn Asn Thr Phe Leu Ser Leu Arg  
 130 135 140  
 Asp Val Phe Gly Lys Asp Leu Ile Tyr Thr Leu Tyr Tyr Trp Lys Ser  
 145 150 155 160  
 Ser Ser Ser Gly Lys Lys Thr Ala Lys Thr Asn Thr Asn Glu Phe Leu  
 165 170 175  
 Ile Asp Val Asp Lys Gly Glu Asn Tyr Cys Phe Ser Val Gln Ala Val  
 180 185 190  
 Ile Pro Ser Arg Thr Val Asn Arg Lys Ser Thr Asp Ser Pro Val Glu  
 195 200 205  
 Cys Met Gly Gln Glu Lys Gly Glu Phe Arg  
 210 215

<210> 5  
 <211> 217  
 <212> PRT  
 <213> Homo sapiens

<400> 5  
 Thr Thr Asn Thr Val Ala Ala Tyr Asn Leu Thr Trp Lys Ser Thr Asn  
 1 5 10 15  
 Phe Lys Thr Ile Leu Glu Trp Glu Pro Lys Pro Val Asn Gln Val Tyr  
 20 25 30  
 Thr Val Gln Ile Ser Thr Lys Ser Gly Asp Trp Lys Ser Lys Cys Phe  
 35 40 45  
 Tyr Thr Thr Asp Thr Glu Cys Asp Leu Thr Asp Glu Ile Val Lys Asp  
 50 55 60  
 Val Lys Gln Thr Tyr Leu Ala Arg Val Phe Ser Tyr Pro Ala Gly Asn  
 65 70 75 80  
 Val Glu Ser Thr Gly Ser Ala Gly Glu Pro Leu Tyr Glu Asn Ser Pro  
 85 90 95  
 Glu Phe Thr Pro Tyr Leu Glu Thr Asn Leu Gly Gln Pro Thr Ile Gln  
 100 105 110  
 Ser Phe Glu Gln Val Gly Thr Lys Val Asn Val Thr Val Glu Asp Glu  
 115 120 125  
 Arg Thr Leu Val Arg Arg Asn Asn Thr Phe Leu Ser Leu Arg Asp Val  
 130 135 140  
 Phe Gly Lys Asp Leu Ile Tyr Thr Leu Tyr Tyr Trp Lys Ser Ser Ser  
 145 150 155 160  
 Ser Gly Lys Lys Thr Ala Lys Thr Asn Thr Asn Glu Phe Leu Ile Asp  
 165 170 175  
 Val Asp Lys Gly Glu Asn Tyr Cys Phe Ser Val Gln Ala Val Ile Pro



Ser Arg Thr Val Asn Arg Lys Ser Thr Asp Ser Pro Val Glu Cys Met  
 180 185 190  
 195 200 205  
 Gly Gln Glu Lys Gly Glu Phe Arg Glu  
 210 215

<210> 6  
 <211> 216  
 <212> PRT  
 <213> Homo sapiens

<400> 6  
 Thr Thr Asn Thr Val Ala Ala Tyr Asn Leu Thr Trp Lys Ser Thr Asn  
 1 5 10 15  
 Phe Lys Thr Ile Leu Glu Trp Glu Pro Lys Pro Val Asn Gln Val Tyr  
 20 25 30  
 Thr Val Gln Ile Ser Thr Lys Ser Gly Asp Trp Lys Ser Lys Cys Phe  
 35 40 45  
 Tyr Thr Thr Asp Thr Glu Cys Asp Leu Thr Asp Glu Ile Val Lys Asp  
 50 55 60  
 Val Lys Gln Thr Tyr Leu Ala Arg Val Phe Ser Tyr Pro Ala Gly Asn  
 65 70 75 80  
 Val Glu Ser Thr Gly Ser Ala Gly Glu Pro Leu Tyr Glu Asn Ser Pro  
 85 90 95  
 Glu Phe Thr Pro Tyr Leu Glu Thr Asn Leu Gly Gln Pro Thr Ile Gln  
 100 105 110  
 Ser Phe Glu Gln Val Gly Thr Lys Val Asn Val Thr Val Glu Asp Glu  
 115 120 125  
 Arg Thr Leu Val Arg Arg Asn Asn Thr Phe Leu Ser Leu Arg Asp Val  
 130 135 140  
 Phe Gly Lys Asp Leu Ile Tyr Thr Leu Tyr Trp Lys Ser Ser Ser  
 145 150 155 160  
 Ser Gly Lys Lys Thr Ala Lys Thr Asn Thr Asn Glu Phe Leu Ile Asp  
 165 170 175  
 Val Asp Lys Gly Glu Asn Tyr Cys Phe Ser Val Gln Ala Val Ile Pro  
 180 185 190  
 Ser Arg Thr Val Asn Arg Lys Ser Thr Asp Ser Pro Val Glu Cys Met  
 195 200 205  
 Gly Gln Glu Lys Gly Glu Phe Arg  
 210 215

<210> 7  
 <211> 22  
 <212> PRT  
 <213> Homo sapiens

<400> 7  
 Phe Tyr Ile Ile Gly Ala Val Val Phe Val Val Ile Ile Leu Val Ile  
 1 5 10 15  
 Ile Leu Ala Ile Ser Leu  
 20

<210> 8  
 <211> 2320  
 <212> PRT  
 <213> Homo sapiens

<400> 8  
 Met Val Gln Pro Gln Ser Pro Val Ala Val Ser Gln Ser Lys Pro Gly  
 1 5 10 15  
 Cys Tyr Asp Asn Gly Lys His Tyr Gln Ile Asn Gln Gln Trp Glu Arg  
 20 25 30  
 Thr Tyr Leu Gly Asn Ala Leu Val Cys Thr Cys Tyr Gly Gly Ser Arg  
 35 40 45  
 Gly Phe Asn Cys Glu Ser Lys Pro Glu Ala Glu Glu Thr Cys Phe Asp  
 50 55 60  
 Lys Tyr Thr Gly Asn Thr Tyr Arg Val Gly Asp Thr Tyr Glu Arg Pro  
 65 70 75 80  
 Lys Asp Ser Met Ile Trp Asp Cys Thr Cys Ile Gly Ala Gly Arg Gly

Arg	Ile	Ser	Cys	85	Thr	Ile	Ala	Asn	90	Arg	Cys	His	Glu	Gly	95	Gly	Gln	Ser
Tyr	Lys	Ile	100	Gly	Asp	Thr	Trp	Arg	105	Arg	Pro	His	Glu	Thr	110	Gly	Gly	Tyr
Met	Leu	Glu	115	Cys	Val	Cys	Leu	Gly	120	Asn	Gly	Lys	Gly	Glu	125	Trp	Thr	Cys
Lys	Pro	Ile	130	Ala	Glu	Lys	Cys	Phe	135	Asp	His	Ala	Ala	Gly	140	Thr	Ser	Tyr
Val	Val	Gly	145	Glu	Thr	Trp	Glu	Lys	150	Pro	Tyr	Gln	Gly	Trp	155	Met	Met	Val
Asp	Cys	Thr	165	Cys	Leu	Gly	Glu	Gly	170	Ser	Gly	Arg	Ile	Thr	175	Cys	Thr	Ser
Arg	Asn	Arg	180	Cys	Asn	Asp	Gln	Asp	185	Thr	Arg	Thr	Ser	Tyr	190	Arg	Ile	Gly
Asp	Thr	Trp	195	Ser	Lys	Lys	Asp	Asn	200	Arg	Gly	Asn	Leu	Leu	205	Gln	Cys	Ile
Cys	Thr	Gly	210	Asn	Gly	Arg	Gly	Glu	215	Trp	Lys	Cys	Glu	Arg	220	His	Thr	Ser
Val	Gln	Thr	225	Thr	Ser	Ser	Gly	Ser	230	Gly	Pro	Phe	Thr	Asp	235	Val	Arg	Ala
Ala	Val	Tyr	245	Gln	Pro	Gln	Pro	His	250	Pro	Gln	Pro	Pro	Pro	255	Tyr	Gly	His
Cys	Val	Thr	260	Asp	Ser	Gly	Val	Val	265	Tyr	Ser	Val	Gly	Met	270	Gln	Trp	Leu
Lys	Thr	Gln	275	Gly	Asn	Lys	Gln	Met	280	Leu	Cys	Thr	Cys	Leu	285	Gly	Asn	Gly
Val	Ser	Cys	290	Gln	Glu	Thr	Ala	Val	295	Thr	Gln	Thr	Tyr	Gly	300	Gly	Asn	Ser
Asn	Gly	Glu	305	Pro	Cys	Val	Leu	Pro	310	Phe	Thr	Tyr	Asn	Gly	315	Arg	Thr	Phe
Tyr	Ser	Cys	325	Thr	Thr	Glu	Gly	Arg	330	Gln	Asp	Gly	His	Leu	335	Trp	Cys	Ser
Thr	Thr	Ser	340	Asn	Tyr	Glu	Gln	Asp	345	Gln	Lys	Tyr	Ser	Phe	350	Cys	Thr	Asp
His	Thr	Val	355	Leu	Val	Gln	Thr	Arg	360	Gly	Gly	Asn	Ser	Asn	365	Gly	Ala	Leu
Cys	His	Phe	370	Pro	Phe	Leu	Tyr	Asn	375	Asn	His	Asn	Tyr	Thr	380	Asp	Cys	Thr
Ser	Glu	Gly	385	Arg	Arg	Asp	Asn	Met	390	Lys	Trp	Cys	Gly	Thr	395	Thr	Gln	Asn
Tyr	Asp	Ala	405	Gln	Lys	Phe	Gly	Phe	410	Cys	Pro	Met	Ala	Ala	415	His	Glu	
Glu	Ile	Cys	420	Thr	Asn	Glu	Gly	Val	425	Met	Tyr	Arg	Ile	Gly	430	Asp	Gln	
Trp	Asp	Lys	435	Gln	His	Asp	Met	Gly	440	His	Met	Met	Arg	Cys	445	Thr	Cys	Val
Gly	Asn	Gly	450	Arg	Gly	Glu	Trp	Thr	455	Cys	Ile	Ala	Tyr	Ser	460	Gln	Leu	Arg
Asp	Gln	Cys	465	Ile	Val	Asp	Asp	Ile	470	Thr	Tyr	Asn	Val	Asn	475	Thr	Phe	
His	Lys	Arg	485	His	Glu	Gly	His	Met	490	Leu	Asn	Cys	Thr	Cys	495	Phe	Gly	
Gln	Gly	Arg	500	Gly	Arg	Trp	Lys	Cys	505	Asp	Pro	Val	Asp	Gln	510	Cys	Gln	Asp
Ser	Glu	Thr	515	Gly	Thr	Phe	Tyr	Gln	520	Ile	Gly	Asp	Ser	Trp	525	Glu	Lys	Tyr
Val	His	Gly	530	Val	Arg	Tyr	Gln	Cys	535	Tyr	Cys	Tyr	Gly	Arg	540	Gly	Ile	Gly
Glu	Trp	His	545	Cys	Gln	Pro	Leu	Gln	550	Thr	Tyr	Pro	Ser	Ser	555	Ser	Gly	Pro
Val	Glu	Val	565	Phe	Ile	Thr	Glu	Thr	570	Pro	Ser	Gln	Pro	Asn	575	Ser	His	Pro
Ile	Gln	Trp	580	Asn	Ala	Pro	Gln	Pro	585	Ser	His	Ile	Ser	Lys	590	Tyr	Ile	Leu
Arg	Trp	Arg	595	Pro	Lys	Asn	Ser	Val	600	Gly	Arg	Trp	Lys	Glu	605	Ala	Thr	Ile
Pro	Gly	His	610	Leu	Asn	Ser	Tyr	Thr	615	Ile	Lys	Gly	Leu	Lys	620	Pro	Gly	Val
			625				630								635			640

Val Tyr Glu Gly Gln Leu Ile Ser Ile Gln Gln Tyr Gly His Gln Glu  
 645 650 655  
 Val Thr Arg Phe Asp Phe Thr Thr Thr Ser Thr Ser Thr Pro Val Thr  
 660 665 670  
 Ser Asn Thr Val Thr Gly Glu Thr Thr Pro Phe Ser Pro Leu Val Ala  
 675 680 685  
 Thr Ser Glu Ser Val Thr Glu Ile Thr Ala Ser Ser Phe Val Val Ser  
 690 695 700  
 Trp Val Ser Ala Ser Asp Thr Val Ser Gly Phe Arg Val Glu Tyr Glu  
 705 710 715 720  
 Leu Ser Glu Glu Gly Asp Glu Pro Gln Tyr Leu Asp Leu Pro Ser Thr  
 725 730 735  
 Ala Thr Ser Val Asn Ile Pro Asp Leu Leu Pro Gly Arg Lys Tyr Ile  
 740 745 750  
 Val Asn Val Tyr Gln Ile Ser Glu Asp Gly Glu Gln Ser Leu Ile Leu  
 755 760 765  
 Ser Thr Ser Gln Thr Thr Ala Pro Asp Ala Pro Pro Asp Thr Thr Val  
 770 775 780  
 Asp Gln Val Asp Asp Thr Ser Ile Val Val Arg Trp Ser Arg Pro Gln  
 785 790 795 800  
 Ala Pro Ile Thr Gly Tyr Arg Ile Val Tyr Ser Pro Ser Val Glu Gly  
 805 810 815  
 Ser Ser Thr Glu Leu Asn Leu Pro Glu Thr Ala Asn Ser Val Thr Leu  
 820 825 830  
 Ser Asp Leu Gln Pro Gly Val Gln Tyr Asn Ile Thr Ile Tyr Ala Val  
 835 840 845  
 Glu Glu Asn Gln Glu Ser Thr Pro Val Val Ile Gln Gln Glu Thr Thr  
 850 855 860  
 Gly Thr Pro Arg Ser Asp Thr Val Pro Ser Pro Arg Asp Leu Gln Phe  
 865 870 875 880  
 Val Glu Val Thr Asp Val Lys Val Thr Ile Met Trp Thr Pro Pro Glu  
 885 890 895  
 Ser Ala Val Thr Gly Tyr Arg Val Asp Val Ile Pro Val Asn Leu Pro  
 900 905 910  
 Gly Glu His Gly Gln Arg Leu Pro Ile Ser Arg Asn Thr Phe Ala Glu  
 915 920 925  
 Val Thr Gly Leu Ser Pro Gly Val Thr Tyr Tyr Phe Lys Val Phe Ala  
 930 935 940  
 Val Ser His Gly Arg Glu Ser Lys Pro Leu Thr Ala Gln Gln Thr Thr  
 945 950 955 960  
 Lys Leu Asp Ala Pro Thr Asn Leu Gln Phe Val Asn Glu Thr Asp Ser  
 965 970 975  
 Thr Val Leu Val Arg Trp Thr Pro Pro Arg Ala Gln Ile Thr Gly Tyr  
 980 985 990 995  
 Arg Leu Thr Val Gly Leu Thr Arg Gly Gln Pro Arg Gln Tyr Asn  
 1000 1005  
 Val Gly Pro Ser Val Ser Lys Tyr Pro Leu Arg Asn Leu Gln Pro Ala  
 1010 1015 1020  
 Ser Glu Tyr Thr Val Ser Leu Val Ala Ile Lys Gly Asn Gln Glu Ser  
 1025 1030 1035 1040  
 Pro Lys Ala Thr Gly Val Phe Thr Thr Leu Gln Pro Gly Ser Ser Ile  
 1045 1050 1055  
 Pro Pro Tyr Asn Thr Glu Val Thr Glu Thr Thr Ile Val Ile Thr Trp  
 1060 1065 1070  
 Thr Pro Ala Pro Arg Ile Gly Phe Lys Leu Gly Val Arg Pro Ser Gln  
 1075 1080 1085  
 Gly Gly Glu Ala Pro Arg Glu Val Thr Ser Asp Ser Gly Ser Ile Val  
 1090 1095 1100  
 Val Ser Gly Leu Thr Pro Gly Val Glu Tyr Val Tyr Thr Ile Gln Val  
 1105 1110 1115 1120  
 Leu Arg Asp Gly Gln Glu Arg Asp Ala Pro Ile Val Asn Lys Val Val  
 1125 1130 1135  
 Thr Pro Leu Ser Pro Pro Thr Asn Leu His Leu Glu Ala Asn Pro Asp  
 1140 1145 1150  
 Thr Gly Val Leu Thr Val Ser Trp Glu Arg Ser Thr Thr Pro Asp Ile  
 1155 1160 1165  
 Thr Gly Tyr Arg Ile Thr Thr Thr Pro Thr Asn Gly Gln Gln Gly Asn  
 1170 1175 1180  
 Ser Leu Glu Glu Val Val His Ala Asp Gln Ser Ser Cys Thr Phe Asp

1185 1190 1195 1200  
 Asn Leu Ser Pro Gly Leu Glu Tyr Asn Val Ser val Tyr Thr Val Lys  
 1205 1210 1215  
 Asp Asp Lys Glu Ser Val Pro Ile Ser Asp Thr Ile Ile Pro Ala Val  
 1220 1225 1230  
 Pro Pro Pro Thr Asp Leu Arg Phe Thr Asn Ile Gly Pro Asp Thr Met  
 1235 1240 1245  
 Arg Val Thr Trp Ala Pro Pro Ser Ile Asp Leu Thr Asn Phe Leu  
 1250 1255 1260  
 Val Arg Tyr Ser Pro Val Lys Asn Glu Glu Asp Val Ala Glu Leu Ser  
 1265 1270 1275 1280  
 Ile Ser Pro Ser Asp Asn Ala Val Val Leu Thr Asn Leu Leu Pro Gly  
 1285 1290 1295  
 Thr Glu Tyr Val Val Ser Val Ser Ser Val Tyr Glu Gln His Glu Ser  
 1300 1305 1310  
 Thr Pro Leu Arg Gly Arg Gln Lys Thr Gly Leu Asp Ser Pro Thr Gly  
 1315 1320 1325  
 Ile Asp Phe Ser Asp Ile Thr Ala Asn Ser Phe Thr Val His Trp Ile  
 1330 1335 1340  
 Ala Pro Arg Ala Thr Ile Thr Gly Tyr Arg Ile Arg His His Pro Glu  
 1345 1350 1355 1360  
 His Phe Ser Gly Arg Pro Arg Glu Asp Arg Val Pro His Ser Arg Asn  
 1365 1370 1375  
 Ser Ile Thr Leu Thr Asn Leu Thr Pro Gly Thr Glu Tyr Val Val Ser  
 1380 1385 1390  
 Ile Val Ala Leu Asn Gly Arg Glu Glu Ser Pro Leu Leu Ile Gly Gln  
 1395 1400 1405  
 Gln Ser Thr Val Ser Asp Val Pro Arg Asp Leu Glu Val Val Ala Ala  
 1410 1415 1420  
 Thr Pro Thr Ser Leu Leu Ile Ser Trp Asp Ala Pro Ala Val Thr Val  
 1425 1430 1435 1440  
 Arg Tyr Tyr Arg Ile Thr Tyr Gly Glu Thr Gly Gly Asn Ser Pro Val  
 1445 1450 1455  
 Gln Glu Phe Thr Val Pro Gly Ser Lys Ser Thr Ala Thr Ile Ser Gly  
 1460 1465 1470  
 Leu Lys Pro Gly Val Asp Tyr Thr Ile Thr Val Tyr Ala Val Thr Gly  
 1475 1480 1485  
 Arg Gly Asp Ser Pro Ala Ser Ser Lys Pro Ile Ser Ile Asn Tyr Arg  
 1490 1495 1500  
 Thr Glu Ile Asp Lys Pro Ser Gln Met Gln Val Thr Asp Val Gln Asp  
 1505 1510 1515 1520  
 Asn Ser Ile Ser Val Lys Trp Leu Pro Ser Ser Ser Pro Val Thr Gly  
 1525 1530 1535  
 Tyr Arg Val Thr Thr Pro Lys Asn Gly Pro Gly Pro Thr Lys Thr  
 1540 1545 1550  
 Lys Thr Ala Gly Pro Asp Gln Thr Glu Met Thr Ile Glu Gly Leu Gln  
 1555 1560 1565  
 Pro Thr Val Glu Tyr Val Val Ser Val Tyr Ala Gln Asn Pro Ser Gly  
 1570 1575 1580  
 Glu Ser Gln Pro Leu Val Gln Thr Ala Val Thr Asn Ile Asp Arg Pro  
 1585 1590 1595 1600  
 Lys Gly Leu Ala Phe Thr Asp Val Asp Val Asp Ser Ile Lys Ile Ala  
 1605 1610 1615  
 Trp Glu Ser Pro Gln Gly Gln Val Ser Arg Tyr Arg Val Thr Tyr Ser  
 1620 1625 1630  
 Ser Pro Glu Asp Gly Ile His Glu Leu Phe Pro Ala Pro Asp Gly Glu  
 1635 1640 1645  
 Glu Asp Thr Ala Glu Leu Gln Gly Leu Arg Pro Gly Ser Glu Tyr Thr  
 1650 1655 1660  
 Val Ser Val Val Ala Leu His Asp Asp Met Glu Ser Gln Pro Leu Ile  
 1665 1670 1675 1680  
 Gly Thr Gln Ser Thr Ala Ile Pro Ala Pro Thr Asp Leu Lys Phe Thr  
 1685 1690 1695  
 Gln Val Thr Pro Thr Ser Leu Ser Ala Gln Trp Thr Pro Pro Asn Val  
 1700 1705 1710  
 Gln Leu Thr Gly Tyr Arg Val Arg Val Thr Pro Lys Glu Lys Thr Gly  
 1715 1720 1725  
 Pro Met Lys Glu Ile Asn Leu Ala Pro Asp Ser Ser Ser Val Val Val  
 1730 1735 1740

Ser Gly Leu Met Val Ala Thr Lys Tyr Glu Val Ser Val Tyr Ala Leu  
 1745 1750 1755 1760  
 Lys Asp Thr Leu Thr Ser Arg Pro Ala Gln Gly Val Val Thr Thr Leu  
 1765 1770 1775  
 Glu Asn Val Ser Pro Pro Arg Arg Ala Arg Val Thr Asp Ala Thr Glu  
 1780 1785 1790  
 Thr Thr Ile Thr Ile Ser Trp Arg Thr Lys Thr Glu Thr Ile Thr Gly  
 1795 1800 1805  
 Phe Gln Val Asp Ala Val Pro Ala Asn Gly Gln Thr Pro Ile Gln Arg  
 1810 1815 1820  
 Thr Ile Lys Pro Asp Val Arg Ser Tyr Thr Ile Thr Gly Leu Gln Pro  
 1825 1830 1835 1840  
 Gly Thr Asp Tyr Lys Ile Tyr Leu Tyr Thr Leu Asn Asp Asn Ala Arg  
 1845 1850 1855  
 Ser Ser Pro Val Val Ile Asp Ala Ser Thr Ala Ile Asp Ala Pro Ser  
 1860 1865 1870  
 Asn Leu Arg Phe Leu Ala Thr Thr Pro Asn Ser Leu Leu Val Ser Trp  
 1875 1880 1885  
 Gln Pro Pro Arg Ala Arg Ile Thr Gly Tyr Ile Ile Lys Tyr Glu Lys  
 1890 1895 1900  
 Pro Gly Ser Pro Pro Arg Glu Val Val Pro Arg Pro Arg Pro Gly Val  
 1905 1910 1915 1920  
 Thr Glu Ala Thr Ile Thr Gly Leu Glu Pro Gly Thr Glu Tyr Thr Ile  
 1925 1930 1935  
 Tyr Val Ile Ala Leu Lys Asn Asn Gln Lys Ser Glu Pro Leu Ile Gly  
 1940 1945 1950  
 Arg Lys Lys Thr Asp Glu Leu Pro Gln Leu Val Thr Leu Pro His Pro  
 1955 1960 1965  
 Asn Leu His Gly Pro Glu Ile Leu Asp Val Pro Ser Thr Val Gln Lys  
 1970 1975 1980  
 Thr Pro Phe Val Thr His Pro Gly Tyr Asp Thr Gly Asn Gly Ile Gln  
 1985 1990 1995 2000  
 Leu Pro Gly Thr Ser Gly Gln Gln Pro Ser Val Gly Gln Gln Met Ile  
 2005 2010 2015  
 Phe Glu Glu His Gly Phe Arg Arg Thr Thr Pro Pro Thr Thr Ala Thr  
 2020 2025 2030  
 Pro Ile Arg His Arg Pro Arg Pro Tyr Pro Pro Asn Val Gly Gln Glu  
 2035 2040 2045  
 Ala Leu Ser Gln Thr Thr Ile Ser Trp Ala Pro Phe Gln Asp Thr Ser  
 2050 2055 2060  
 Glu Tyr Ile Ile Ser Cys His Pro Val Gly Thr Asp Glu Glu Pro Leu  
 2065 2070 2075 2080  
 Gln Phe Arg Val Pro Gly Thr Ser Thr Ser Ala Thr Leu Thr Gly Leu  
 2085 2090 2095  
 Thr Arg Gly Ala Thr Tyr Asn Val Ile Val Glu Ala Leu Lys Asp Gln  
 2100 2105 2110  
 Gln Arg His Lys Val Arg Glu Glu Val Val Thr Val Gly Asn Ser Val  
 2115 2120 2125  
 Asn Glu Gly Leu Asn Gln Pro Thr Asp Asp Ser Cys Phe Asp Pro Tyr  
 2130 2135 2140  
 Thr Val Ser His Tyr Ala Val Gly Asp Glu Trp Glu Arg Met Ser Glu  
 2145 2150 2155 2160  
 Ser Gly Phe Lys Leu Leu Cys Gln Cys Leu Gly Phe Gly Ser Gly His  
 2165 2170 2175  
 Phe Arg Cys Asp Ser Ser Arg Trp Cys His Asp Asn Gly Val Asn Tyr  
 2180 2185 2190  
 Lys Ile Gly Glu Lys Trp Asp Arg Gln Gly Glu Asn Gly Gln Met Met  
 2195 2200 2205  
 Ser Cys Thr Cys Leu Gly Asn Gly Lys Gly Glu Phe Lys Cys Asp Pro  
 2210 2215 2220  
 His Glu Ala Thr Cys Tyr Asp Asp Gly Lys Thr Tyr His Val Gly Glu  
 2225 2230 2235 2240  
 Gln Trp Gln Lys Glu Tyr Leu Gly Ala Ile Cys Ser Cys Thr Cys Phe  
 2245 2250 2255  
 Gly Gly Gln Arg Gly Trp Arg Cys Asp Asn Cys Arg Arg Pro Gly Gly  
 2260 2265 2270  
 Glu Pro Ser Pro Glu Gly Thr Thr Gly Gln Ser Tyr Asn Gln Tyr Ser  
 2275 2280 2285  
 Gln Arg Tyr His Gln Arg Thr Asn Thr Asn Val Asn Cys Pro Ile Glu

2290 2295 2300  
 Cys Phe Met Pro Leu Asp Val Gln Ala Asp Arg Glu Asp Ser Arg Glu  
 2305 2310 2315 2320

<210> 9  
 <211> 599  
 <212> PRT  
 <213> Homo sapiens

<400> 9  
 Met Arg Gly Ser His His His His His His Gly Ser Gly Ser Ser Thr  
 1 5 10 15  
 Pro Pro Pro Thr Asp Leu Arg Phe Thr Asn Ile Gly Pro Asp Thr Met  
 20 25 30  
 Arg Val Thr Trp Ala Pro Pro Pro Ser Ile Asp Leu Thr Asn Phe Leu  
 35 40 45  
 Val Arg Tyr Ser Pro Val Lys Asn Glu Glu Asp Val Ala Glu Leu Ser  
 50 55 60  
 Ile Ser Pro Ser Asp Asn Ala Val Val Leu Thr Asn Leu Leu Pro Gly  
 65 70 75 80  
 Thr Glu Tyr Val Val Ser Val Ser Ser Val Tyr Glu Gln His Glu Ser  
 85 90 95  
 Thr Pro Leu Arg Gly Arg Gln Lys Thr Gly Leu Asp Ser Pro Thr Gly  
 100 105 110  
 Ile Asp Phe Ser Asp Ile Thr Ala Asn Ser Phe Thr Val His Trp Ile  
 115 120 125  
 Ala Pro Arg Ala Thr Ile Thr Gly Tyr Arg Ile Arg His His Pro Glu  
 130 135 140  
 His Phe Ser Gly Arg Pro Arg Glu Asp Arg Val Pro His Ser Arg Asn  
 145 150 155 160  
 Ser Ile Thr Leu Thr Asn Leu Thr Pro Gly Thr Glu Tyr Val Val Ser  
 165 170 175  
 Ile Val Ala Leu Asn Gly Arg Glu Glu Ser Pro Leu Leu Ile Gly Gln  
 180 185 190  
 Gln Ser Thr Val Ser Asp Val Pro Arg Asp Leu Glu Val Val Ala Ala  
 195 200 205  
 Thr Pro Thr Ser Leu Leu Ile Ser Trp Asp Ala Pro Ala Val Thr Val  
 210 215 220  
 Arg Tyr Tyr Arg Ile Thr Tyr Gly Glu Thr Gly Gly Asn Ser Pro Val  
 225 230 235 240  
 Gln Glu Phe Thr Val Pro Gly Ser Lys Ser Thr Ala Thr Ile Ser Gly  
 245 250 255  
 Leu Lys Pro Gly Val Asp Tyr Thr Ile Thr Val Tyr Ala Val Thr Gly  
 260 265 270  
 Arg Gly Asp Ser Pro Ala Ser Ser Lys Pro Ile Ser Ile Asn Tyr Arg  
 275 280 285  
 Thr Glu Ile Asp Lys Pro Ser Gln Met Gln Val Thr Asp Val Gln Asp  
 290 295 300  
 Asn Ser Ile Ser Val Lys Trp Leu Pro Ser Ser Ser Pro Val Thr Gly  
 305 310 315 320  
 Tyr Arg Val Thr Thr Pro Lys Asn Gly Pro Gly Pro Thr Lys Thr  
 325 330 335  
 Lys Thr Ala Gly Pro Asp Gln Thr Glu Met Thr Ile Glu Gly Leu Gln  
 340 345 350  
 Pro Thr Val Glu Tyr Val Val Ser Val Tyr Ala Gln Asn Pro Ser Gly  
 355 360 365  
 Glu Ser Gln Pro Leu Val Gln Thr Ala Val Thr Ser Ser Ser Gly Thr  
 370 375 380  
 Thr Asn Thr Val Ala Ala Tyr Asn Leu Thr Trp Lys Ser Thr Asn Phe  
 385 390 395 400  
 Lys Thr Ile Leu Glu Trp Glu Pro Lys Pro Val Asn Gln Val Tyr Thr  
 405 410 415  
 Val Gln Ile Ser Thr Lys Ser Gly Asp Trp Lys Ser Lys Cys Phe Tyr  
 420 425 430  
 Thr Thr Asp Thr Glu Cys Asp Leu Thr Asp Glu Ile Val Lys Asp Val  
 435 440 445  
 Lys Gln Thr Tyr Leu Ala Arg Val Phe Ser Tyr Pro Ala Gly Asn Val  
 450 455 460  
 Glu Ser Thr Gly Ser Ala Gly Glu Pro Leu Tyr Glu Asn Ser Pro Glu

465 Phe Thr Pro Tyr Leu 470 Glu Thr Asn Leu Gly 475 Gln Pro Thr Ile Gln Ser  
 Phe Glu Gln Val Gly 485 Thr Lys Val Asn 490 Val Thr Val Glu Asp 495 Glu Arg  
 Thr Leu Val Arg Arg Asn Asn Thr 505 Phe Leu Ser Leu Arg 510 Asp Val Phe  
 Gly Lys Asp Leu Ile Tyr Thr 520 Leu Tyr Tyr Trp Lys 525 Ser Ser Ser Ser  
 Gly Lys Lys Thr Ala Lys 535 Thr Asn Thr Asn Glu 540 Phe Leu Ile Asp Val  
 545 Asp Lys Gly Glu Asn Tyr Cys Phe Ser Val 555 Gln Ala Val Ile Pro Ser  
 Arg Thr Val Asn Arg Lys Ser Thr Asp 570 Ser Pro Val Glu Cys 575 Met Gly  
 Gln Glu Lys 580 Gly Glu Phe Arg 585 590 595

<210> 10  
 <211> 330  
 <212> PRT  
 <213> Homo sapiens

<400> 10  
 Met Arg Gly Ser His His His His His His Gly Ser Gly Ser Ser Thr  
 1 5 10 15  
 Val Ser Asp Val Pro Arg Asp Leu Glu Val Val Ala Ala Thr Pro Thr  
 20 25 30  
 Ser Leu Leu Ile Ser Trp Asp Ala Pro Ala Val Thr Val Arg Tyr Tyr  
 35 40 45  
 Arg Ile Thr Tyr Gly Glu Thr Gly Gly Asn Ser Pro Val Gln Glu Phe  
 50 55 60  
 Thr Val Pro Gly Ser Lys Ser Thr Ala Thr Ile Ser Gly Leu Lys Pro  
 65 70 75 80  
 Gly Val Asp Tyr Thr Ile Thr Val Tyr Ala Val Thr Gly Arg Gly Asp  
 85 90 95  
 Ser Pro Ala Ser Ser Lys Pro Ile Ser Ile Asn Tyr Arg Thr Ser Ser  
 100 105 110  
 Ser Gly Thr Thr Asn Thr Val Ala Ala Tyr Asn Leu Thr Trp Lys Ser  
 115 120 125  
 Thr Asn Phe Lys Thr Ile Leu Glu Trp Glu Pro Lys Pro Val Asn Gln  
 130 135 140  
 Val Tyr Thr Val Gln Ile Ser Thr Lys Ser Gly Asp Trp Lys Ser Lys  
 145 150 155 160  
 Cys Phe Tyr Thr Thr Asp Thr Glu Cys Asp Leu Thr Asp Glu Ile Val  
 165 170 175  
 Lys Asp Val Lys Gln Thr Tyr Leu Ala Arg Val Phe Ser Tyr Pro Ala  
 180 185 190  
 Gly Asn Val Glu Ser Thr Gly Ser Ala Gly Glu Pro Leu Tyr Glu Asn  
 195 200 205  
 Ser Pro Glu Phe Thr Pro Tyr Leu Glu Thr Asn Leu Gly Gln Pro Thr  
 210 215 220  
 Ile Gln Ser Phe Glu Gln Val Gly Thr Lys Val Asn Val Thr Val Glu  
 225 230 235 240  
 Asp Glu Arg Thr Leu Val Arg Arg Asn Asn Thr Phe Leu Ser Leu Arg  
 245 250 255  
 Asp Val Phe Gly Lys Asp Leu Ile Tyr Thr Leu Tyr Tyr Trp Lys Ser  
 260 265 270  
 Ser Ser Ser Gly Lys Lys Thr Ala Lys Thr Asn Thr Asn Glu Phe Leu  
 275 280 285  
 Ile Asp Val Asp Lys Gly Glu Asn Tyr Cys Phe Ser Val Gln Ala Val  
 290 295 300  
 Ile Pro Ser Arg Thr Val Asn Arg Lys Ser Thr Asp Ser Pro Val Glu  
 305 310 315 320  
 Cys Met Gly Gln Glu Lys Gly Glu Phe Arg 330 325

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<220>  
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24

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24

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48

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40

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<220>  
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<400> 15  
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36

<210> 16  
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<220>  
<223> A primer.

<400> 16  
tctgcgttct gatttaatct

20

<210> 17  
<211> 4  
<212> PRT  
<213> Artificial Sequence



&lt;220&gt;

&lt;223&gt; A RGDS peptide.

&lt;400&gt; 17

Arg Gly Asp Ser

1

&lt;210&gt; 18

&lt;211&gt; 19

&lt;212&gt; PRT

&lt;213&gt; Artificial Sequence

&lt;220&gt;

&lt;223&gt; A peptide containing a poly His tag and a processing protease (Fxa) cleavage site followed by a cysteine.

&lt;221&gt; SITE

&lt;222&gt; (1)...(19)

&lt;223&gt; Xaa = any amino acid.

&lt;400&gt; 18

Met Xaa Xaa Xaa Xaa His His His His His Xaa Xaa Xaa Xaa Ile Glu

1

5

10

15

Gly Arg Cys

&lt;210&gt; 19

&lt;211&gt; 5

&lt;212&gt; PRT

&lt;213&gt; Artificial Sequence

&lt;220&gt;

&lt;223&gt; A lysine containing linker.

&lt;400&gt; 19

Lys Ser Gly Gly Gly

1

5

&lt;210&gt; 20

&lt;211&gt; 21

&lt;212&gt; DNA

&lt;213&gt; Artificial Sequence

&lt;220&gt;

&lt;223&gt; A primer.

&lt;400&gt; 20

actacaaata ctgtggcagc a

21

&lt;210&gt; 21

&lt;211&gt; 33

&lt;212&gt; DNA

&lt;213&gt; Artificial Sequence

&lt;220&gt;

&lt;223&gt; A primer.

&lt;400&gt; 21

tttaagcttt cacgtgccca tacactctac cgg

33

&lt;210&gt; 22

&lt;211&gt; 50

&lt;212&gt; DNA

&lt;213&gt; Artificial Sequence

&lt;220&gt;

&lt;223&gt; A primer.

&lt;400&gt; 22

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50

<210> 23

<211> 5

<212> PRT

<213> Artificial Sequence

<220>

<223> A thrombin cleavage site.

<400> 23

Val Pro Arg Gly Ser  
1 5

<210> 24

<211> 15

<212> PRT

<213> Artificial Sequence

<220>

<223> A linker sequence with three repeats of Gly4Ser.

<400> 24

Gly Gly Gly Gly Ser Gly Gly Gly Gly Ser Gly Gly Gly Gly Ser  
1 5 10 15

<210> 25

<211> 37

<212> DNA

<213> Artificial Sequence

<220>

<223> A primer.

<400> 25

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37

<210> 26

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<212> DNA

<213> Artificial Sequence

<220>

<223> A primer.

<400> 26

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36

<210> 27

<211> 36

<212> DNA

<213> Artificial Sequence

<220>

<223> A primer.

<400> 27

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36

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<211> 16

<212> DNA

<213> Artificial Sequence

<220>

<223> A primer.

<400> 28

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16

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tctgcggatc ccctagggac caa 23  
  
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<211> 36  
<212> DNA  
<213> Artificial Sequence  
  
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<212> DNA  
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<400> 33  
accacgggtct cgattacggc 20  
  
<210> 34  
<211> 20  
<212> DNA  
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actactgctg aacggcgtcg 20  
  
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<212> DNA  
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<400> 35  
cacacaggat ccgccgccga ggccggcatc ac 32

<210> 36  
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cacacaggta ccctgctgaa cggcgtcgag cg 32